

SERFF Tracking Number: AEGD-126893996 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 47458
Company Tracking Number: 1-41005110, 1-003 11-110, 1-011 11-110
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: TTM10
Project Name/Number: TTM10/1-41005110, 1-003 11-110, 1-001 11-110

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: TTM10 SERFF Tr Num: AEGD-126893996 State: Arkansas
TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num: 47458
Adjustable Life Closed
Sub-TOI: L09I.001 Single Life Co Tr Num: 1-41005110, 1-003 11- State Status: Approved-Closed
110, 1-011 11-110

Filing Type: Form Reviewer(s): Linda Bird
Author: Patricia Ray Disposition Date: 12/13/2010
Date Submitted: 12/06/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: TTM10
Project Number: 1-41005110, 1-003 11-110, 1-001 11-110
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 12/13/2010

Deemer Date:
Submitted By: Patricia Ray

Filing Description:
Transamerica Life Insurance Company
NAIC #: 468-86231
FEIN #: 39-0989781
Form Filing -- Individual Life Insurance

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Domicile is Iowa, Iowa is part of the Interstate Compact and has been submitted.
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 12/08/2010
Created By: Patricia Ray
Corresponding Filing Tracking Number: 3Y111310

SERFF Tracking Number: AEGD-126893996 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 47458
Company Tracking Number: 1-41005110, 1-003 11-110, 1-011 11-110
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: TTM10
Project Name/Number: TTM10/1-41005110, 1-003 11-110, 1-001 11-110

Form 1-41005110: Flexible Premium Adjustable Life Insurance Policy

Form 1-003 11-110: No-Lapse Guarantee Endorsement

Form 1-011 11-110: Waiver Provision Rider

Dear Commissioner:

We have enclosed the above-referenced forms for your review and approval. These are new forms and are not intended to replace any forms previously approved by your Department. These forms have been submitted in the final printed format in which they will be distributed to Insureds/Owners. These forms are subject to only minor modifications in paper size and stock, ink, border, Company logo, adaptation to computer printing, Company offices' locations/addresses, toll-free telephone number, website address, "signed at" location and Officers' signatures/titles.

These forms do not contain any unusual or possibly controversial items or provisions that deviate from normal company or industry standards.

Additional filings are being sent concurrently for four similar policy forms, as follows:

1. Form 1-41505110: Flexible Premium Adjustable Life Insurance Policy, SERFF Tracking # AEGD-126935613
2. Form 1-42005110: Flexible Premium Adjustable Life Insurance Policy, SERFF Tracking # AEGD-126935614
3. Form 1-42505110: Flexible Premium Adjustable Life Insurance Policy, SERFF Tracking # AEGD-126935615
4. Form 1-43005110: Flexible Premium Adjustable Life Insurance Policy, SERFF Tracking # AEGD-126935616

Policy 1-41005110: This policy is a 2001 CSO, non-participating, flexible premium adjustable life insurance plan that will be issued pursuant to cash value accumulation test compliance. The plan also features a guaranteed minimum interest rate of 3% and an option to change to a Paid Up insurance contract after the 5th policy anniversary. The policy includes a surrender penalty period of 10 years. Issue ages are 18 to 85, age nearest birthday. There is no contractual maturity date.

This policy will be made available to our general market to individuals looking for an affordable universal life alternative to term insurance.

This policy is being declared as "non-illustratable."

We intend to use application APA401008T, approved June 3, 2008, under SERFF Tracking Number CMPL-125670265, with this product.

No Lapse Guarantee Endorsement 1-003 11-110: This endorsement provides a death benefit secondary guarantee.

SERFF Tracking Number: AEGD-126893996 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 47458
Company Tracking Number: 1-41005110, 1-003 11-110, 1-011 11-110
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: TTM10
Project Name/Number: TTM10/1-41005110, 1-003 11-110, 1-001 11-110

Benefits under the policy and any riders will remain in force and the grace period will not begin as long as the policy threshold less any outstanding policy loans is never less than zero. The secondary guarantee period extends to the Insured's Age 111. This endorsement will be attached to policy forms 1-41005110, 1-41505110, 1-42005110, 1-42505110, and 1-43005110 at issue. With timely payment of the planned annualized premiums, the threshold rates provide level initial premiums for the periods shown below:

Period/Policy Form

10 Year/1-41005110
15 Year/1-41505110
20 Year/1-42005110
25 Year/1-42505110
30 Year/1-43005110

We may also make this endorsement available with other products in our life portfolio in the future.

Waiver Provision Rider 1-011 11-110: For an additional charge, this rider may be elected which waives monthly deductions and threshold monthly charges when the Insured proves satisfactory evidence of disability to the company. Issue ages are 18 to 55.

This rider is intended to be used with policy forms 1-41005110, 1-41505110, 1-42005110, 1-42505110, and 1-43005110. We may also make this rider available with other products in our life portfolio in the future.

We have also included the following supporting documentation in this package:

1. Actuarial Memo for the policy (including supporting tables and rates)
2. Actuarial Supplement for the No-Lapse Guarantee Endorsement
3. Actuarial Memo for the Waiver Provision Rider
4. Readability Certification
5. Bulletin 15-2009 Certification
6. Regulation 19 Certification
7. Regulation 34 Certification
8. Regulation 49 Certification
9. Statement of Variability
10. Application APA401008T

If you have any questions, comments or concerns or if you need any additional information in order to complete your review, please contact me by e-mail at (pat.ray@transamerica.com), fax at (213) 741-5839, or you may call me collect

SERFF Tracking Number: AEGD-126893996 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 47458
 Company Tracking Number: 1-41005110, 1-003 11-110, 1-011 11-110
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: TTM10
 Project Name/Number: TTM10/1-41005110, 1-003 11-110, 1-001 11-110

at (213) (741-6762) (Pacific Time).

Thank you in advance for your time and attention.

Company and Contact

Filing Contact Information

Pat Ray, Analyst Pat.Ray@Transamerica.com
 1150 South Olive St 213-741-6762 [Phone]
 T-03-06 213-741-5839 [FAX]
 Los Angeles, CA 90015

Filing Company Information

Transamerica Life Insurance Company CoCode: 86231 State of Domicile: Iowa
 Contract Development T-24 Group Code: 468 Company Type:
 1150 S. Olive St. Group Name: State ID Number:
 Los Angeles, CA 90015 FEIN Number: 39-0989781
 (319) 355-4241 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation: \$50 per form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$150.00	12/06/2010	42679955

SERFF Tracking Number: AEGD-126893996 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 47458
 Company Tracking Number: 1-41005110, 1-003 11-110, 1-011 11-110
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: TTM10
 Project Name/Number: TTM10/1-41005110, 1-003 11-110, 1-001 11-110

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/13/2010	12/13/2010
Approved-Closed	Linda Bird	12/08/2010	12/08/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Policy Form TTM10 Individual Life Insurance	Patricia Ray	12/10/2010	12/10/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Please Re-open This Filing	Note To Filer	Linda Bird	12/10/2010	12/10/2010
Please Re-Open This Filing	Note To Reviewer	Patricia Ray	12/09/2010	12/09/2010

SERFF Tracking Number: AEGD-126893996 *State:* Arkansas
Filing Company: Transamerica Life Insurance Company *State Tracking Number:* 47458
Company Tracking Number: 1-41005110, 1-003 11-110, 1-011 11-110
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life
Adjustable Life
Product Name: TTM10
Project Name/Number: TTM10/1-41005110, 1-003 11-110, 1-001 11-110

Disposition

Disposition Date: 12/13/2010

Implementation Date:

Status: Approved-Closed

Comment: Company has made correction in the original submission.

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGD-126893996 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 47458
 Company Tracking Number: 1-41005110, 1-003 11-110, 1-011 11-110
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: TTM10
 Project Name/Number: TTM10/1-41005110, 1-003 11-110, 1-001 11-110

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	Yes	Yes
Supporting Document	Health - Actuarial Justification	No	No
Supporting Document	Outline of Coverage	No	No
Supporting Document	Actuarial Memo for the Policy, No-Lapse Actuarial Supplement, and Waiver Provision Actuarial Memo	No	No
Supporting Document	Statement of Variability	Yes	Yes
Form (revised)	Policy Form TTM10 Individual Life Insurance	Yes	Yes
Form	Policy Form TTM10 Individual Life Insurance	Yes	Yes
Form	No-Lapse Guarantee Endorsement	Yes	Yes
Form	Waiver Provision Rider	Yes	Yes

SERFF Tracking Number: AEGD-126893996 *State:* Arkansas
Filing Company: Transamerica Life Insurance Company *State Tracking Number:* 47458
Company Tracking Number: 1-41005110, 1-003 11-110, 1-011 11-110
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life
Adjustable Life
Product Name: TTM10
Project Name/Number: TTM10/1-41005110, 1-003 11-110, 1-001 11-110

Disposition

Disposition Date: 12/08/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGD-126893996 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 47458
 Company Tracking Number: 1-41005110, 1-003 11-110, 1-011 11-110
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: TTM10
 Project Name/Number: TTM10/1-41005110, 1-003 11-110, 1-001 11-110

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	Yes	Yes
Supporting Document	Health - Actuarial Justification	No	No
Supporting Document	Outline of Coverage	No	No
Supporting Document	Actuarial Memo for the Policy, No-Lapse Actuarial Supplement, and Waiver Provision Actuarial Memo	No	No
Supporting Document	Statement of Variability	Yes	Yes
Form (revised)	Policy Form TTM10 Individual Life Insurance	Yes	Yes
Form	Policy Form TTM10 Individual Life Insurance	Yes	Yes
Form	No-Lapse Guarantee Endorsement	Yes	Yes
Form	Waiver Provision Rider	Yes	Yes

SERFF Tracking Number: AEGD-126893996 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 47458
 Company Tracking Number: 1-41005110, 1-003 11-110, 1-011 11-110
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: TTM10
 Project Name/Number: TTM10/1-41005110, 1-003 11-110, 1-001 11-110

Amendment Letter

Submitted Date: 12/10/2010

Comments:

Dear Ms. Bird:

Thank you for re-opening this filing.

To comply with Arkansas Insurance Code 23-81-115(a)(2)(E), the second paragraph of the suicide provision on page 17, which pertains to reinstated policies, has been deleted from the policy.

The revised policy included in this resubmission replaces the policy included in the December 7 initial submission.

We hereby certify that no other changes have been made to the policy.

Thank you for your assistance with this filing.

Pat Ray

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
1-41005110	Policy/Contr act/Fraternal Certificate	Policy Form TTM10 Individual Life Insurance	Initial				52.800	1-41005110 Policy (rev 12- 10-10).pdf

SERFF Tracking Number: AEGD-126893996 *State:* Arkansas
Filing Company: Transamerica Life Insurance Company *State Tracking Number:* 47458
Company Tracking Number: 1-41005110, 1-003 11-110, 1-011 11-110
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life
Adjustable Life
Product Name: TTM10
Project Name/Number: TTM10/1-41005110, 1-003 11-110, 1-001 11-110

Note To Filer

Created By:

Linda Bird on 12/10/2010 09:45 AM

Last Edited By:

Linda Bird

Submitted On:

12/10/2010 09:45 AM

Subject:

Please Re-opens This Filing

Comments:

Filing has been re-opened in order for correction to be made.

SERFF Tracking Number: AEGD-126893996 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 47458
Company Tracking Number: 1-41005110, 1-003 11-110, 1-011 11-110
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: TTM10
Project Name/Number: TTM10/1-41005110, 1-003 11-110, 1-001 11-110

Note To Reviewer

Created By:

Patricia Ray on 12/09/2010 01:33 PM

Last Edited By:

Patricia Ray

Submitted On:

12/09/2010 01:33 PM

Subject:

Please Re-Open This Filing

Comments:

Dear Ms. Bird,

I respectfully request that you re-open this filing, to allow for language changes. We received objections today on four similar policies that were submitted concurrently with this particular filing (the five policy filings were cross-referenced in the SERFF filing descriptions).

For consistency, we will be revising the suicide provision of policy form 1-41005110, to match the revisions that will be made to policy forms 1-41505110, 1-42005110, 1-42505110, and 1-43005110.

Thank you for your assistance with this matter.

Pat Ray

Contract Analyst

Ph 213-741-6762

SERFF Tracking Number: AEGD-126893996 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 47458
 Company Tracking Number: 1-41005110, 1-003 11-110, 1-011 11-110
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: TTM10
 Project Name/Number: TTM10/1-41005110, 1-003 11-110, 1-001 11-110

Form Schedule

Lead Form Number: 1-41005110

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	1-41005110	Policy/Contract/Fraternal Individual Life Insurance Certificate	Initial		52.800	1-41005110 Policy (rev 12-10-10).pdf
	1-003 11-110	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		52.900	1-003 11-110 Endorsement.pdf
	1-011 11-110	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		50.200	1-011 11-110 Rider.pdf



Transamerica Life Insurance Company
 Home Office: [Cedar Rapids, IA 52499]
 Administrative Office: [4333 Edgewood Road NE]
 [Cedar Rapids, IA 52499]
 [1-800-852-4678]
 [www.transamerica.com]

POLICY FORM TTM10
 Individual Life Insurance

(Referred to as the Company, we, our or us)

INSURED	[JOHN DOE]	[SPECIMEN]	POLICY NUMBER
FACE			
AMOUNT	\$(100,000) (2)	[JAN 01 2011]	DATE OF ISSUE

We will pay the death benefit to the Beneficiary if the Insured dies while this policy is In Force. All payments are subject to the provisions of this policy. Signed for the Company at [Cedar Rapids, Iowa], on the Date of Issue.



[
 [Secretary]



[
 [President]

10 DAY RIGHT TO CANCEL - You may cancel this policy by delivering or mailing a Written Request to us or to the agent from whom it was purchased. You must return the policy to us or the agent before midnight of the 10th day after the day you receive it. Your Written Request given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage prepaid. We must return all payments made for this policy, including any fees or charges, within 30 days after we receive notice of cancellation and the returned policy.

If you are terminating or borrowing from another life insurance policy owned by you in connection with your purchase of this policy, then this policy may be considered a replacement policy. If this policy is a replacement policy, your right to cancel is extended to midnight of the 30th day after the day you receive it.

Flexible Premium Adjustable Life Insurance
Flexible Premiums Payable During Life of the Insured Prior to Age 111
Subject to the Limitations Described in the Premiums Provision

Death Benefit Payable at Death of Insured
Nonparticipating - No Dividends

This policy is a legal contract between you and the Company.

READ YOUR POLICY CAREFULLY

GUIDE TO POLICY PROVISIONS

Accumulation Values	11
Alternative Paid-Up Life Insurance Option	15
Application Copy	after 18
Assignment of the Policy.....	7
Beneficiary Provisions	8
Change of Beneficiary	8
Death Benefit.....	8
Definitions.....	6
Grace Period.....	10
Incontestability	16
Interest from Date of Death	9
Misstatement of Age or Sex in the Application	17
Nonforfeiture Option.....	14
Option to Change the Face Amount	14
Ownership Provisions.....	7
Partial Surrenders	13
Payment of Cash Value and Loans.....	16
Payment of the Death Benefit	8
Policy Data	2—5
Policy Loans	13
Policy Statements and Illustrations.....	7
Policy Values	11
Premiums	9
Proof of Death	8
Reinstatement.....	11
Riders	after 18
Settlement Provisions	18
Suicide	17
Termination of Insurance	17
Your Rights	17

POLICY DATA

POLICY NUMBER [SPECIMEN] [JAN 01, 2011] POLICY DATE
INSURED [JOHN DOE]
FACE AMOUNT \$[100,000] (2) 6.00% REINSTATEMENT INTEREST RATE
DATE OF ISSUE [JAN 01, 2011] (1) [35] AGE OF INSURED
LOAN INTEREST RATE 7.40% IN ADVANCE
(3) [PREFERRED NON-SMOKER] CLASS OF RISK
OWNER [JOHN DOE]
SEX OF INSURED [MALE] (4)

MINIMUM INITIAL PREMIUM: \$ [21.23] (5)
PLANNED PERIODIC PREMIUMS: \$ [127.40 ANNUAL] (6)
GUARANTEED MAXIMUM MONTHLY POLICY FEE: \$ 10.00
GUARANTEED MAXIMUM MONTHLY EXPENSE CHARGE
PER THOUSAND TO AGE 111: [0.196086300] (7)
GUARANTEED MINIMUM INTEREST RATE: 3.00%
GUARANTEED PREMIUM EXPENSE CHARGES: 9.00% OF EACH GROSS PREMIUM

NOTE: THIS POLICY MAY TERMINATE IF:
(1) THE NET CASH VALUE IS LESS THAN THE MONTHLY DEDUCTION DUE, OR
(2) THE PREMIUMS FOR THE BASE POLICY AND ANY ADDITIONAL RIDERS ARE NOT PAID WHEN DUE.

POLICY DATA (CONTINUED)

SCHEDULE OF PLANNED ANNUALIZED PREMIUMS

POLICY YEAR	PLANNED ANNUALIZED PREMIUM	POLICY YEAR	PLANNED ANNUALIZED PREMIUM	POLICY YEAR	PLANNED ANNUALIZED PREMIUM
(8) [1	\$127.40	36	\$1,038.95	71	\$4,411.17
2	\$127.40	37	\$1,038.95	72	\$4,599.18
3	\$127.40	38	\$1,038.95	73	\$4,797.55
4	\$127.40	39	\$1,038.95	74	\$5,006.82
5	\$127.40	40	\$1,130.12	75	\$5,227.43
6	\$127.40	41	\$1,228.46	76	\$5,227.43]
7	\$127.40	42	\$1,334.29		
8	\$127.40	43	\$1,455.55		
9	\$127.40	44	\$1,595.27		
10	\$127.40	45	\$1,754.27		
11	\$384.77	46	\$1,754.27		
12	\$419.30	47	\$1,754.27		
13	\$451.39	48	\$1,754.27		
14	\$478.66	49	\$1,754.27		
15	\$511.04	50	\$1,912.36		
16	\$529.67	51	\$2,086.54		
17	\$551.40	52	\$2,276.92		
18	\$576.24	53	\$2,481.93		
19	\$605.22	54	\$2,698.57		
20	\$672.79	55	\$2,924.03		
21	\$751.10	56	\$2,924.03		
22	\$821.91	57	\$2,924.03		
23	\$891.32	58	\$2,924.03		
24	\$954.80	59	\$2,924.03		
25	\$1,020.74	60	\$3,109.26		
26	\$1,042.46	61	\$3,301.83		
27	\$1,065.21	62	\$3,476.28		
28	\$1,089.00	63	\$3,660.67		
29	\$1,113.82	64	\$3,855.73		
30	\$1,200.98	65	\$4,062.04		
31	\$773.64	66	\$4,062.04		
32	\$837.48	67	\$4,062.04		
33	\$901.35	68	\$4,062.04		
34	\$969.34	69	\$4,062.04		
35	\$1,038.95	70	\$4,233.07		

POLICY DATA (CONTINUED)

TABLE OF GUARANTEED MAXIMUM MONTHLY DEDUCTION RATES PER \$1,000
FOR BASE POLICY *

POLICY YEAR	POLICY EXCLUDING RIDERS	POLICY YEAR	POLICY EXCLUDING RIDERS	POLICY YEAR	POLICY EXCLUDING RIDERS
(9) [1	0.090833300	36	2.008333300	71	38.260833300
2	0.095833300	37	2.205000000	72	40.179166600
3	0.100000000	38	2.463333300	73	42.218333300
4	0.107500000	39	2.735833300	74	44.385833300
5	0.114166600	40	3.022500000	75	46.688333300
6	0.121666600	41	3.335833300	76	49.132500000
7	0.131666600	42	3.677500000	77	51.728333300
8	0.144166600	43	4.074166600	78	54.483333300
9	0.158333300	44	4.537500000	79	57.409166600
10	0.175000000	45	5.072500000	80	60.512500000
11	0.194166600	46	5.655833300	81	63.805833300
12	0.212500000	47	6.320000000	82	67.299166600
13	0.232500000	48	7.011666600	83	71.004166600
14	0.244166600	49	7.757500000	84	74.935000000
15	0.257500000	50	8.583333300	85	79.101666600
16	0.276666600	51	9.505833300	86	83.333333300]
17	0.299166600	52	10.528333300		
18	0.330000000	53	11.645000000		
19	0.363333300	54	12.841666600		
20	0.405833300	55	14.104166600		
21	0.458333300	56	15.421666600		
22	0.511666600	57	16.660833300		
23	0.569166600	58	17.952500000		
24	0.618333300	59	19.315000000		
25	0.675000000	60	20.754166600		
26	0.743333300	61	22.265833300		
27	0.826666600	62	23.649166600		
28	0.928333300	63	25.124166600		
29	1.042500000	64	26.698333300		
30	1.162500000	65	28.378333300		
31	1.289166600	66	30.175000000		
32	1.417500000	67	31.600833300		
33	1.547500000	68	33.120000000		
34	1.687500000	69	34.736666600		
35	1.832500000	70	36.456666600		

FOR ALL YEARS AFTER THOSE SHOWN, THE GUARANTEED MONTHLY DEDUCTION RATE PER \$1,000 IS 0.000000000.

* TO FIND THE AMOUNT OF MONTHLY DEDUCTION DURING EACH POLICY YEAR, SEE THE POLICY VALUES SECTION. A POLICY FEE WILL BE INCLUDED IN EACH MONTHLY DEDUCTION. A MONTHLY EXPENSE CHARGE PER THOUSAND WILL ALSO BE INCLUDED IN EACH MONTHLY DEDUCTION. THE GUARANTEED MAXIMUM MONTHLY POLICY FEE AND THE GUARANTEED MAXIMUM MONTHLY EXPENSE CHARGE PER THOUSAND ARE SHOWN ON POLICY DATA PAGE 2.

POLICY DATA (CONTINUED)

ADDITIONAL BENEFITS

THE CHARGE FOR ANY ADDITIONAL BENEFITS WHICH ARE PROVIDED BY RIDER IS SHOWN BELOW. ONLY A BRIEF DESCRIPTION IS GIVEN. THE COMPLETE PROVISIONS ARE INCLUDED IN THE RIDER.

RIDER NUMBER	ADDITIONAL BENEFIT	ANNUAL PREMIUM
(10) [1-011 11-110]	(10) [WAIVER PROVISION]	SEE TABLE BELOW

INSURED UNDER WAIVER PROVISION: [JOHN DOE]

TABLE OF GUARANTEED MONTHLY DEDUCTION RATES PER \$1,000 FOR WAIVER PROVISION RIDER

POLICY YEAR	RIDER MONTHLY DEDUCTIONS	POLICY YEAR	RIDER MONTHLY DEDUCTIONS	POLICY YEAR	RIDER MONTHLY DEDUCTIONS
(10) [1	0.0089513				
2	0.0089513				
3	0.0089513				
4	0.0089513				
5	0.0089513				
6	0.0089513				
7	0.0089513				
8	0.0089513				
9	0.0089513				
10	0.0089513				
11	0.0447563				
12	0.0528938				
13	0.0610313				
14	0.0707963				
15	0.0830025				
16	0.0976500				
17	0.1147388				
18	0.1342688				
19	0.1570538				
20	0.1847213				
21	0.2164575				
22	0.2392425				
23	0.2579588				
24	0.2766750				
25	0.2929500				
26	0.3100388				
27	0.3279413				
28	0.3466575				
29	0.3661875				
30	0.3865313]				

POLICY DATA (CONTINUED)

TABLE OF ILLUSTRATIVE POLICY VALUES AND BENEFITS

ILLUSTRATIVE PREMIUMS (1)
GUARANTEED BASIS (2)

END OF POLICY YEAR	PLANNED ANNUALIZED PREMIUM	DEATH BENEFIT	ACCUMULATION VALUE (3)	CASH VALUE(4)
1	(8) [\$ 127.40	\$ 100,000	(11) [\$0	(11) [\$0
2	\$ 127.40	\$ 100,000	\$0	\$0
3	\$ 127.40	\$ 100,000	\$0	\$0
4	\$ 127.40	\$ 100,000	\$0	\$0
5	\$ 127.40	\$ 100,000	\$0	\$0
6	\$ 127.40	\$ 100,000	\$0	\$0
7	\$ 127.40	\$ 100,000	\$0	\$0
8	\$ 127.40	\$ 100,000	\$0	\$0
9	\$ 127.40	\$ 100,000	\$0	\$0
10	\$ 127.40	\$ 100,000	\$0	\$0
11	\$ 384.77	\$ 100,000	\$0	\$0
12	\$ 419.30	\$ 100,000	\$0	\$0
13	\$ 451.39	\$ 100,000	\$0	\$0
14	\$ 478.66	\$ 100,000	\$0	\$0
15	\$ 511.04	\$ 100,000	\$0	\$0
16	\$ 529.67	\$ 100,000	\$0	\$0
17	\$ 551.40	\$ 100,000	\$0	\$0
18	\$ 576.24	\$ 100,000	\$0	\$0
19	\$ 605.22	\$ 100,000	\$0	\$0
20	\$ 672.79	\$ 100,000	\$0	\$0
AGE 60	\$1,042.46	\$ 100,000	\$0	\$0
AGE 65	\$ 773.64]	\$ 100,000	\$0]	\$0]

- (1) THE ACCUMULATION AND CASH VALUES RESULT FROM THE INTEREST RATES, MONTHLY DEDUCTIONS AND THE TIMELY PAYMENT OF THE PLANNED ANNUALIZED PREMIUMS. PARTIAL SURRENDERS OR LOANS MAY CHANGE THESE RESULTS.
- (2) RESULTS CALCULATED ON A GUARANTEED BASIS REFLECT GUARANTEED MAXIMUM MONTHLY DEDUCTIONS AND THE GUARANTEED MINIMUM INTEREST RATE OF 3.00%.
- (3) ACCUMULATION VALUES ILLUSTRATED ON A GUARANTEED BASIS REFLECT ACCUMULATED NET PREMIUMS PLUS INTEREST AT THE GUARANTEED MINIMUM INTEREST RATE OF 3.00% LESS GUARANTEED MAXIMUM MONTHLY DEDUCTIONS WHICH INCLUDE THE GUARANTEED MAXIMUM MONTHLY POLICY FEE, THE GUARANTEED MAXIMUM MONTHLY EXPENSE CHARGE PER THOUSAND AND THE COST OF ANY RIDERS. WHILE A POLICY LOAN EXISTS, THE INTEREST RATE APPLICABLE TO THE CASH VALUE SECURING THE LOAN MAY DIFFER FROM THE INTEREST RATE APPLICABLE TO THE CASH VALUE NOT SECURING THE LOAN.
- (4) THE DIFFERENCE BETWEEN THE ACCUMULATION VALUE AND THE CASH VALUE IS THE SURRENDER PENALTY.

PREMIUMS ARE SUBJECT TO REFUND UNDER CONDITIONS DESCRIBED IN THE POLICY.

POLICY DATA (CONTINUED)

TABLE OF SURRENDER PENALTIES PER \$1,000
OF BASE POLICY FACE AMOUNT

SURRENDER PENALTY PERIOD: 10 YEARS

POLICY YEAR	SURRENDER PENALTY FACTOR
1	(12) [24.61
2	22.72
3	20.50
4	18.20
5	15.83
6	13.39
7	10.88
8	8.28
9	5.61
10	2.85]
11+	0.00

TO CALCULATE THE FULL SURRENDER PENALTY FOR THE BASE POLICY, FIND THE FACTOR FOR THE CURRENT POLICY YEAR. MULTIPLY THIS FACTOR BY THE NUMBER OF THOUSANDS OF FACE AMOUNT OF THE BASE POLICY.

POLICY DATA (CONTINUED)

TABLE OF DEATH BENEFIT FACTORS

POLICY YEAR	DEATH BENEFIT FACTOR	POLICY YEAR	DEATH BENEFIT FACTOR	POLICY YEAR	DEATH BENEFIT FACTOR
(13) [1	4.99	36	1.67	71	1.09
2	4.82	37	1.63	72	1.08
3	4.66	38	1.60	73	1.08
4	4.50	39	1.56	74	1.08
5	4.34	40	1.53	75	1.07
6	4.19	41	1.49	76	1.07
7	4.05	42	1.46	77	1.07
8	3.91	43	1.43	78	1.06
9	3.78	44	1.40	79	1.06
10	3.65	45	1.38	80	1.06
11	3.53	46	1.35	81	1.06
12	3.41	47	1.33	82	1.05
13	3.30	48	1.31	83	1.05
14	3.20	49	1.29	84	1.05
15	3.09	50	1.27	85	1.05
16	2.99	51	1.25	86	1.04]
17	2.89	52	1.24		
18	2.80	53	1.22		
19	2.71	54	1.21		
20	2.63	55	1.19		
21	2.54	56	1.18		
22	2.47	57	1.17		
23	2.39	58	1.16		
24	2.32	59	1.15		
25	2.25	60	1.15		
26	2.19	61	1.14		
27	2.12	62	1.13		
28	2.06	63	1.13		
29	2.01	64	1.12		
30	1.95	65	1.11		
31	1.90	66	1.11		
32	1.85	67	1.10		
33	1.80	68	1.10		
34	1.76	69	1.10		
35	1.72	70	1.09		

FOR ALL POLICY YEARS AFTER THOSE SHOWN, THE DEATH BENEFIT FACTOR IS 1.04.

POLICY DATA (CONTINUED)

TABLE OF THRESHOLD MONTHLY PREMIUM RATES
PER THOUSAND FOR BASE POLICY

TABLE 1

POLICY YEAR	THRESHOLD MONTHLY PREMIUM RATE	POLICY YEAR	THRESHOLD MONTHLY PREMIUM RATE	POLICY YEAR	THRESHOLD MONTHLY PREMIUM RATE
(14) [1	0.033067100	36	0.396612700	71	1.739640900
2	0.033067100	37	0.396612700	72	1.815206000
3	0.033067100	38	0.396612700	73	1.895018300
4	0.033067100	39	0.396612700	74	1.979305800
5	0.033067100	40	0.432616300	75	2.068258700
6	0.033067100	41	0.471470200	76	2.068258700]
7	0.033067100	42	0.513305600		
8	0.033067100	43	0.561272400		
9	0.033067100	44	0.616571800		
10	0.033067100	45	0.679553300		
11	0.116352900	46	0.679553300		
12	0.125870700	47	0.679553300		
13	0.134423500	48	0.679553300		
14	0.140267200	49	0.679553300		
15	0.146903100	50	0.742227100		
16	0.146903100	51	0.811336800		
17	0.146903100	52	0.886944500		
18	0.146903100	53	0.968443500		
19	0.146903100	54	1.054661900		
20	0.159659700	55	1.144490600		
21	0.174605400	56	1.144490600		
22	0.191091700	57	1.144490600		
23	0.209074000	58	1.144490600		
24	0.224720700	59	1.144490600		
25	0.242562600	60	1.218369500		
26	0.242562600	61	1.295251000		
27	0.242562600	62	1.364967200		
28	0.242562600	63	1.438722000		
29	0.242562600	64	1.516817800		
30	0.266751800	65	1.599507300		
31	0.291932500	66	1.599507300		
32	0.317109500	67	1.599507300		
33	0.342304900	68	1.599507300		
34	0.369133800	69	1.599507300		
35	0.396612700	70	1.668122200		

THRESHOLD PERIOD: POLICY YEARS 1-[76] (15)

THRESHOLD MONTHLY POLICY FEE: [2.50] (16)

POLICY DATA (CONTINUED)

TABLE OF THRESHOLD MONTHLY PREMIUM RATES
PER THOUSAND FOR BASE POLICY

TABLE 2

POLICY YEAR	THRESHOLD MONTHLY PREMIUM RATE	POLICY YEAR	THRESHOLD MONTHLY PREMIUM RATE	POLICY YEAR	THRESHOLD MONTHLY PREMIUM RATE
(14) [1	0.033067100	36	1.026237500	71	10.702150400
2	0.039930100	37	1.103954800	72	11.238738100
3	0.048040900	38	1.203977400	73	11.809124700
4	0.056151700	39	1.306977200	74	12.415408200
5	0.063014700	40	1.412885600	75	13.059453300
6	0.071125500	41	1.526157500	76	13.743124700]
7	0.078612400	42	1.647042500		
8	0.086099200	43	1.784431700		
9	0.094833900	44	1.941370200		
10	0.105440400	45	2.118389400		
11	0.174529400	46	2.306787000		
12	0.187273500	47	2.516276700		
13	0.198632500	48	2.729244100		
14	0.206340600	49	2.953755200		
15	0.215054500	50	3.196930700		
16	0.227433700	51	3.462647200		
17	0.241737600	52	3.750689400		
18	0.259018500	53	4.058334500		
19	0.279049600	54	4.380854200		
20	0.300680200	55	4.713930500		
21	0.325805300	56	5.054465000		
22	0.353265600	57	5.368550900		
23	0.382940500	58	5.690424800		
24	0.408522700	59	6.024412900		
25	0.437475800	60	6.371554000		
26	0.471725600	61	6.730451900		
27	0.512623400	62	7.053827300		
28	0.561378600	63	7.394059800		
29	0.614769400	64	7.752335100		
30	0.669495200	65	8.129587900		
31	0.725909800	66	8.527625400		
32	0.781793800	67	8.839244800		
33	0.837242000	68	9.264179300		
34	0.895818500	69	9.716386200		
35	0.955346200	70	10.197496900		

THRESHOLD PERIOD: POLICY YEARS 1-[76] (15)

THRESHOLD MONTHLY POLICY FEE: [2.50] (16)

POLICY DATA (CONTINUED)

TABLE OF THRESHOLD MONTHLY EXPENSE CHARGE
PER THOUSAND RATES

TABLE 1

POLICY YEAR	THRESHOLD MONTHLY EXPENSE CHARGE RATE	POLICY YEAR	THRESHOLD MONTHLY EXPENSE CHARGE RATE	POLICY YEAR	THRESHOLD MONTHLY EXPENSE CHARGE RATE
(17) [1	0.033067100	36	0.396612700	71	1.739640900
2	0.033067100	37	0.396612700	72	1.815206000
3	0.033067100	38	0.396612700	73	1.895018300
4	0.033067100	39	0.396612700	74	1.979305800
5	0.033067100	40	0.432616300	75	2.068258700
6	0.033067100	41	0.471470200	76	2.068258700]
7	0.033067100	42	0.513305600		
8	0.033067100	43	0.561272400		
9	0.033067100	44	0.616571800		
10	0.033067100	45	0.679553300		
11	0.116352900	46	0.679553300		
12	0.125870700	47	0.679553300		
13	0.134423500	48	0.679553300		
14	0.140267200	49	0.679553300		
15	0.146903100	50	0.742227100		
16	0.146903100	51	0.811336800		
17	0.146903100	52	0.886944500		
18	0.146903100	53	0.968443500		
19	0.146903100	54	1.054661900		
20	0.159659700	55	1.144490600		
21	0.174605400	56	1.144490600		
22	0.191091700	57	1.144490600		
23	0.209074000	58	1.144490600		
24	0.224720700	59	1.144490600		
25	0.242562600	60	1.218369500		
26	0.242562600	61	1.295251000		
27	0.242562600	62	1.364967200		
28	0.242562600	63	1.438722000		
29	0.242562600	64	1.516817800		
30	0.266751800	65	1.599507300		
31	0.291932500	66	1.599507300		
32	0.317109500	67	1.599507300		
33	0.342304900	68	1.599507300		
34	0.369133800	69	1.599507300		
35	0.396612700	70	1.668122200		

POLICY DATA (CONTINUED)

TABLE OF THRESHOLD MONTHLY EXPENSE CHARGE
PER THOUSAND RATES

TABLE 2

POLICY YEAR	THRESHOLD MONTHLY EXPENSE CHARGE RATE	POLICY YEAR	THRESHOLD MONTHLY EXPENSE CHARGE RATE	POLICY YEAR	THRESHOLD MONTHLY EXPENSE CHARGE RATE
(17) [1	0.033067100	36	1.026237500	71	10.702150400
2	0.039930100	37	1.103954800	72	11.238738100
3	0.048040900	38	1.203977400	73	11.809124700
4	0.056151700	39	1.306977200	74	12.415408200
5	0.063014700	40	1.412885600	75	13.059453300
6	0.071125500	41	1.526157500	76	13.743124700]
7	0.078612400	42	1.647042500		
8	0.086099200	43	1.784431700		
9	0.094833900	44	1.941370200		
10	0.105440400	45	2.118389400		
11	0.174529400	46	2.306787000		
12	0.187273500	47	2.516276700		
13	0.198632500	48	2.729244100		
14	0.206340600	49	2.953755200		
15	0.215054500	50	3.196930700		
16	0.227433700	51	3.462647200		
17	0.241737600	52	3.750689400		
18	0.259018500	53	4.058334500		
19	0.279049600	54	4.380854200		
20	0.300680200	55	4.713930500		
21	0.325805300	56	5.054465000		
22	0.353265600	57	5.368550900		
23	0.382940500	58	5.690424800		
24	0.408522700	59	6.024412900		
25	0.437475800	60	6.371554000		
26	0.471725600	61	6.730451900		
27	0.512623400	62	7.053827300		
28	0.561378600	63	7.394059800		
29	0.614769400	64	7.752335100		
30	0.669495200	65	8.129587900		
31	0.725909800	66	8.527625400		
32	0.781793800	67	8.839244800		
33	0.837242000	68	9.264179300		
34	0.895818500	69	9.716386200		
35	0.955346200	70	10.197496900		

POLICY DATA (CONTINUED)

THRESHOLD INTEREST RATES AND THRESHOLD PREMIUM EXPENSE CHARGES

THRESHOLD CELL 1:

THRESHOLD INTEREST RATE: [3.00% FOR ALL YEARS] (18)

THRESHOLD PREMIUM EXPENSE CHARGES: [7.00% FOR ALL YEARS] (19)

THRESHOLD CELL 2:

THRESHOLD INTEREST RATE: [3.00% FOR ALL YEARS] (18)

THRESHOLD PREMIUM EXPENSE CHARGES: [7.00% FOR ALL YEARS] (19)

THRESHOLD CELL 3:

THRESHOLD INTEREST RATE: [3.00% FOR ALL YEARS] (18)

THRESHOLD PREMIUM EXPENSE CHARGES: [7.00% FOR ALL YEARS] (19)

DEFINITIONS

In this policy:

Accumulation Value is the fund from which all policy values are derived. All credits and deductions are reflected in the Accumulation Value.

Age means a person's age in years on his or her nearest birthday, unless otherwise specified. For purposes of this policy, the Insured's Age changes on each Policy Anniversary.

The **Base Policy** is this policy excluding any Riders.

A **Beneficiary** is a person designated to receive all or a portion of the death benefit on the death of the Insured. You may name both Primary and Contingent Beneficiaries. A Primary or Contingent Beneficiary named on the application may be changed as provided in this policy.

Cash Value means the Accumulation Value less any applicable surrender penalty.

The **Date of Issue** is the date this policy is prepared in our office. The Date of Issue is shown in the Policy Data. The Date of Issue may or may not be the same as the Policy Date.

The **Face Amount** is shown in the Policy Data and is used in determining the amount of this policy's death benefit. The actual amount we pay on the death of the Insured may be affected by tax law requirements or by transactions described in this policy.

In Force means insurance coverage is in effect and has not terminated.

The **Insured** is the person whose life is insured under this policy. The Insured is identified in the Policy Data.

Lapse means termination of the policy at the end of the grace period due to insufficient Net Cash Value. If there is remaining Net Cash Value at the end of the grace period, it will be applied to the Nonforfeiture Option. If this policy Lapses, the Insured's life will no longer be insured under this policy.

The **Maximum Loan Value** is the largest amount you may borrow under the Policy Loans provision.

A **Monthly Deduction** is a charge we subtract from the Accumulation Value of the policy on each Monthly Policy Date up to the Insured's Age 111.

A **Monthly Policy Date** is the day of each month coinciding with the Policy Date. If there is no day in a calendar month that coincides with the Policy Date, the Monthly Policy Date for that month will be the first day of the following month.

The **Net Cash Value** is the Cash Value less any Outstanding Loan.

A **Net Premium** is any premium you pay minus the Guaranteed Premium Expense Charges shown in the Policy Data. All Net Premium payments are added to the Accumulation Value.

A **Notice** is a communication we mail by regular first class mail in the United States Postal Service to the address in our records for you and any assignee whose name we have recorded in our records.

Outstanding Loan is the sum of any unpaid policy loans and loan interest. We will deduct any Outstanding Loan from any amounts payable by us under this policy.

A **Policy Anniversary** is the same month and day as the Policy Date for each year this policy remains In Force.

The **Policy Date** is the date coverage is effective under this policy. We will use the Policy Date to determine the Monthly Policy Dates, Policy Anniversaries, Policy Months and Policy Years. The Policy Date is shown in the Policy Data.

A **Policy Year** is the 12 month period directly preceding a Policy Anniversary.

Reinstate means to restore coverage after the policy has Lapsed, in accordance with the Reinstatement provision.

A **Rider** is an attachment to this policy that provides an additional benefit. Riders, if any, are listed in the Policy Data.

Written Request means a signed request in a form satisfactory to us that is received at our Administrative Office.

You and **your** mean the owner of this policy. The owner as of the Date of Issue is identified in the Policy Data. Ownership may be transferred as provided in this policy. Following a transfer of ownership, you and your will refer to the new owner.

OWNERSHIP

Owner of the Policy - The owner may exercise all rights under this policy during the Insured's lifetime, including the right to transfer ownership subject to applicable law and regulation. If the owner dies during the Insured's lifetime, ownership of this policy will pass to the contingent owner, if one has been named; otherwise, ownership will pass to the owner's estate. You may change the owner by filing a Written Request with us. We will not be bound by any change of ownership until we record it in our records. Unless otherwise specified by you, the change will then take effect as of the date the change is signed by you, subject to any payments made or actions taken by us prior to our recording of the change.

Assignment of the Policy - You may assign this policy by filing a Written Request with us. We will not be bound by any assignment until we record it in our records. Unless otherwise specified by you, the assignment will then take effect on the date the assignment is signed by you, subject to any payments made or actions taken by us prior to our recording of the assignment. We assume no responsibility for the validity or effect of any assignment of this policy or of any interest in it. Any death benefit which becomes payable to an assignee will be payable in a single sum and will be subject to proof of the assignee's interest and the extent of the assignment.

Policy Statements and Illustrations - We will send you a statement at least once a year without charge showing the following information about this policy:

- Face Amount;
- Accumulation Value;
- Cash Value;
- Any Outstanding Loan;
- Partial surrenders;
- Premiums paid; and
- Any amounts credited or debited to the Accumulation Value during the current report period.

The statement will also show the Monthly Deduction as of the statement date and the Net Cash Value.

If, assuming guaranteed interest and guaranteed policy charges, the policy's Net Cash Value will not maintain this policy In Force until the end of the next reporting period unless further premiums payments are made, a notice to this effect will be included with the report.

Upon Written Request at any time after the first Policy Year, we will send you an illustration of this policy's benefits and values. There will be no charge for the first such illustration in a Policy Year. We reserve the right to charge a reasonable fee for any illustration after the first in any Policy Year.

THE BENEFICIARY

Who Receives the Death Benefit - When the death benefit is payable under this policy, we will pay it to the Primary Beneficiary named by you in accordance with this policy. If no Primary Beneficiary has been designated, or if the interest of all designated Primary Beneficiaries has ended before we make payment of the death benefit, we will pay the death benefit to the Contingent Beneficiary, if one has been named. If the interest of all designated Primary and Contingent Beneficiaries has ended before we make payment of the death benefit, we will pay the death benefit to you. If you are not living at the time, we will pay the death benefit to the executor or administrator of your estate.

Unless you specify otherwise, the following will apply:

1. If any Beneficiary dies before the Insured, at the same time as the Insured, or within 30 days after the Insured, that Beneficiary's interest in the death benefit will end, except as to any death benefits we have already paid to that Beneficiary.
2. If a Beneficiary is a partnership, we will pay the death benefit to the partnership as it existed when the Insured died.

How to Change a Beneficiary - You may name or change a Primary or Contingent Beneficiary while the Insured is living by sending us a Written Request. The change will not be effective until we record it in our records. Even if the Insured is not living when we record the change, the change will take effect as of the date it was signed. However, any benefits we pay before we record the change will not be subject to the change.

A Beneficiary designated irrevocably may not be changed without the written consent of that Beneficiary.

PAYMENT OF THE DEATH BENEFIT

Proof of Death - We will pay any benefit payable because of death when we receive due proof that the Insured's death occurred while this policy was In Force. The proof must be sent to us at our Administrative Office. We will send appropriate forms to the Beneficiary upon request. Any of our agents will help a Beneficiary fill out the forms without charge.

Death Benefit - The death benefit will be the greatest of:

1. the Face Amount of the Base Policy;
- or
2. the applicable Death Benefit Factor multiplied by the policy's Accumulation Value on the date of the Insured's death;
- or
3. the amount required for the policy to qualify as a life insurance contract under Section 7702 of the Internal Revenue Code.

The Death Benefit Factors are shown in the Policy Data.

The amount of the death benefit may be affected by other policy provisions, such as Policy Loans, Misstatement of Age or Sex in the Application and Partial Surrenders.

We will reduce the death benefit by any Outstanding Loan and by any amount necessary to provide insurance to the date of the Insured's death occurring during the grace period. We will add to the death benefit any amount payable under any attached Rider, subject to its terms. We will also add to the death benefit the portion of any Monthly Deduction subtracted for the time between the date of the Insured's death and the next Monthly Policy Date. No refund will be made of any premiums paid prior to the Insured's death regardless of timing or amount of the premium(s).

Tax Qualification - This policy is intended to qualify under Section 7702 of the Internal Revenue Code as a life insurance contract for federal tax purposes. The death benefit under this policy is intended to qualify for the federal income tax exclusion. The provisions of this policy (including any Rider or endorsement) will be interpreted to ensure tax qualification, regardless of any language in this policy to the contrary.

To the extent that the death benefit is increased to maintain this policy's qualification as a life insurance contract, appropriate adjustments will be made in any Monthly Deductions and in any charges for any Riders or supplemental benefits as of that time, retroactively or otherwise, that are consistent with such an increase. Retroactive adjustments to the Monthly Deduction may be made by deducting them from any death benefits payable. Prospective adjustments will be reflected in the Monthly Deduction.

Interest from Date of Death - We will pay interest on the death benefit under this policy after we receive due proof of the Insured's death. We will pay interest on the death benefit from the date of death to the date of payment. The annual interest rate will be 8%.

We will pay additional interest at a rate of 10% annually, beginning with the date that is 31 calendar days from the latest of Items 1, 2 and 3 below to the date payment is made:

1. The date we receive due proof of the Insured's death.
2. The date we receive sufficient information to determine our liability, the extent of our liability, and the appropriate payee legally entitled to the death benefit.
3. The date that legal impediments to payment of the death benefit that depend on the action of parties other than us are resolved and sufficient evidence provided to us. Legal impediments include, but are not limited to:
 - a) The establishment of guardianships and conservatorships;
 - b) The appointment and qualification of trustees, executors and administrators; and
 - c) The submission of information required to satisfy state and federal reporting requirements.

PREMIUMS

Premiums for this policy are flexible. Subject to the requirements below, you may pay any amount at any time. If you do not pay sufficient premiums, this policy will Lapse.

The Minimum Initial Premium shown in the Policy Data is payable on or before the Policy Date. Subsequent premiums should be sent to our Administrative Office or as otherwise instructed by us. We will give you a receipt if you ask for one.

You may pay premiums at any time while the Insured is living and prior to the Insured's Age 111. Each premium must be at least \$25 and may not exceed the limits described in the Premium Limitation provision below.

Beginning with the Insured's Age 111, no further premium payments will be accepted.

Premium Limitation - We reserve the right to refund any premium payment in excess of the Planned Annualized Premiums shown in the Policy Data if the total premium paid during that Policy Year:

1. Increases the difference between the death benefit and the Accumulation Value; and
2. Is more than \$20 per thousand of Face Amount and more than three times the total of the Monthly Deductions for the last year.

We also reserve the right to refund any premiums in excess of the Planned Annualized Premiums shown in the Policy Data that exceed \$25,000 in any 12-month period.

We will not refund any amount if doing so would cause the Net Cash Value to become negative before the next Policy Anniversary.

Excess Premiums - As of the end of any Policy Year, if the premiums paid exceed the limit on premium allowed into the policy under Section 7702 of the Internal Revenue Code, and regulations thereunder, for this policy to qualify as a life insurance contract for federal income tax purposes, we will withdraw from the policy the excess amount of premiums paid into the policy, with interest, as of the end of that Policy Year. We will refund to you this excess premium amount (including any interest credited by us) within 60 days after the end of that Policy Year. The excess premium will not be refunded to the extent: (1) it is necessary to continue the policy through the end of that Policy Year; and (2) the Net Cash Value at the end of that policy year did not exceed zero.

An excess premium amount may occur as a result of a partial surrender or other change in the benefits or terms of the policy which may lower the limit on premium amount allowable into the policy for federal income tax purposes.

We will apply any excess premium amount to any Outstanding Loan before we make a refund.

The amount refundable will not exceed the Net Cash Value of the policy. If the entire Net Cash Value is refunded, we will treat the transaction as a surrender of this policy for its Net Cash Value.

Continuation of Insurance - If you stop paying premiums, we will continue this policy at the same Face Amount and with any additional benefits provided by Rider, subject to the Grace Period provision, so long as there is sufficient Net Cash Value.

Grace Period - On each Monthly Policy Date, we will determine whether the Net Cash Value is sufficient to prevent this policy from Lapsing.

1. Prior to the Insured's Age 111, the Net Cash Value is sufficient if it is more than the total Monthly Deduction due, plus any loan interest due not paid in cash.
2. Beginning at the Insured's Age 111, the Net Cash Value is sufficient if it is more than any loan interest due that has not been paid in cash.

If the Net Cash Value is insufficient, we will allow a 61-day grace period in which you may pay an amount sufficient to prevent this policy from Lapsing. We will mail a grace period Notice at least 30 days prior to termination of coverage. The grace period Notice will also show the minimum payment required to prevent the policy from Lapsing. You will have the entire grace period within which to remit payment. Any payments sent by U.S. mail must be postmarked within the grace period. If the Insured dies during the grace period before you have paid the required amount, we will deduct the amount required to provide insurance to the date of the Insured's death from the death benefit payable under this policy.

The policy will remain In Force during the grace period. If the minimum amount due is not postmarked within the grace period, this policy will Lapse at the end of the 61 days and all coverage under the policy and any riders will terminate. If there is any Net Cash Value remaining at the end of the grace period, we will apply it to the Nonforfeiture Option.

During the grace period, we will not charge interest on the amount due.

Reinstatement - If this policy Lapses, you may Reinstatement it as provided in this section. You may not Reinstatement this policy if you have surrendered it for its Net Cash Value. Any Reinstatement must be made during the lifetime of the Insured and within three years from the date of Lapse. Before we Reinstatement this policy, we will require all of the following:

1. Your Written Request to Reinstatement this policy.
2. The Insured's written consent to the Reinstatement.
3. Evidence of insurability sufficient to satisfy us that the Insured continues to qualify for the same class of risk and rating upon which we based the issuance of this policy.
4. Payment or reinstatement of any Outstanding Loan, with interest. Interest will be compounded annually from the date of Lapse. Interest will be at the loan interest rate of 8.00% (7.40% in advance).
5. Payment of a premium large enough to cover two Monthly Deductions due when the policy Lapsed and three Monthly Deductions due at the time of Reinstatement.
6. Repayment of any Net Cash Value we paid to you at the time of Lapse, with interest. Interest will be compounded annually at the Reinstatement Interest Rate shown in the Policy Data.

If the policy is Reinstated during the Surrender Penalty Period, any applicable surrender penalties in effect for the Reinstated policy will be calculated from the original Policy Date.

The date of Reinstatement will be the Monthly Policy Date on or following the date the application for Reinstatement is approved by us, so long as the Insured is still living. If a person other than the Insured is covered by any attached Rider, that person's coverage may be reinstated under the reinstatement terms of that Rider.

The Accumulation Value of the Reinstated policy will be: the surrender penalty assessed at the time of Lapse; plus any Net Cash Value you were required to repay at the time of the Reinstatement; plus any loan repaid or reinstated; plus the Net Premium you pay at Reinstatement; minus any Monthly Deductions due at the time of Lapse.

POLICY VALUES

Accumulation Values - The Accumulation Value of the policy on the Policy Date is equal to all Net Premiums applied to the policy on the Policy Date. Net Premiums received on or before the Policy Date will only begin to earn interest as of the Policy Date. The Accumulation Value of the policy on any specified date after the Policy Date is equal to:

1. the Accumulation Value on the last Monthly Policy Date, plus accrued interest from the last Monthly Policy Date to the specified date;
- plus
2. all Net Premiums paid less any refunds since the last Monthly Policy Date, plus accrued interest on each transaction from its effective date;
- minus
3. the Monthly Deduction charged on the last Monthly Policy Date, plus accrued interest on that amount;
- minus
4. any partial surrenders, together with surrender penalties, since the last Monthly Policy Date, plus accrued interest on those amounts from each partial surrender date to the specified date.

A Table of Illustrative Policy Values and Benefits is included in this policy. It is based on the information you gave us when the policy was issued. The values shown may change as the declared interest rates, your premium payments, and other factors change from the illustrated data. Every year, we will send you a statement of actual policy values.

Interest - We will credit interest to the Accumulation Value at rates declared by us from time to time. We will never declare an interest rate that is lower than the Guaranteed Minimum Interest Rate shown in the Policy Data. We may declare a higher interest rate at any time, and we may change the declared rate at any time without notice.

Beginning at the Insured's Age 121, the Accumulation Value will accrue interest at the Guaranteed Minimum Interest Rate.

The interest rate for any portion of the Accumulation Value equal to the amount of any Outstanding Loan will be the effective annual loan interest rate less 2.50%.

Monthly Deduction - On each Monthly Policy Date, we will subtract the Monthly Deduction for that month from the Accumulation Value. The Monthly Deduction is equal to:

1. the Monthly Deduction Rate, times .001, times the difference between the death benefit of the Base Policy and the Accumulation Value at the beginning of the Policy Month;
- plus 2. the Monthly Deductions for any Riders;
- plus 3. the Monthly Policy Fee;
- plus 4. the Monthly Expense Charge Per Thousand rate times .001, times the Face Amount of the Base Policy.

Monthly Deduction Rates - We will determine the Monthly Deduction Rate for each Policy Year at the beginning of that Policy Year. The Monthly Deduction Rate for the Base Policy will depend on: the Face Amount of the policy; the Insured's sex; the Insured's smoker or nonsmoker status; the Insured's class of risk; the number of years that the policy has been In Force; and the Insured's Age on the Policy Date.

A table of Guaranteed Maximum Monthly Deduction Rates for the Base Policy is shown in the Policy Data. We may use rates lower than these Guaranteed Maximum Monthly Deduction Rates. We will never use higher rates.

Any change in the Monthly Deduction Rates will be prospective and will be subject to our expectations as to future cost factors. Such cost factors may include, but are not limited to: mortality; expenses; interest; persistency; and any applicable federal, state and local taxes.

Monthly Policy Fee - The Guaranteed Maximum Monthly Policy Fee is shown in the Policy Data. We may charge a lower policy fee than the fee shown in the Policy Data, but we will never charge in excess of the Guaranteed Maximum Monthly Policy Fee.

Monthly Expense Charge Per Thousand - The Guaranteed Maximum Monthly Expense Charge Per Thousand rates for the Base Policy are shown in the Policy Data. We may use an expense charge rate that is lower than the Guaranteed Maximum Monthly Expense Charge Per Thousand rate. We will never use higher expense charge rates.

POLICY LOANS

At any time after the period stated on page 1 during which you may cancel this policy, you may obtain a policy loan by Written Request. The loan will be secured by that portion of the Accumulation Value equal to the amount of the loan plus loan interest to the end of the Policy Year. Any Outstanding Loan will be deducted from any amounts payable by us under this policy. The minimum policy loan amount is \$500.00.

Maximum Policy Loan - The maximum amount you may borrow is the Accumulation Value as of the date of the loan request, minus:

1. any Outstanding Loan;
2. interest on the amount of the new loan to the end of the Policy Year; and
3. the amount of the surrender penalty that would apply on a surrender of the policy for its Net Cash Value or two Monthly Deductions, whichever is greater.

Interest on Policy Loans - Interest is due on the Outstanding Loan each year, in advance, on the Policy Anniversary. The loan interest rate is 8.00% (7.40% in advance). If you do not pay the interest when it is due, the interest on the Outstanding Loan will be treated as an additional loan at the same interest rate.

Loan Repayment - You may repay any part of any Outstanding Loan at any time while this policy is In Force.

If you wish to make a loan repayment, you must tell us that the payment you send us is for that purpose. Unless your payment is clearly marked as a loan repayment, we will assume it is a premium payment unless it is received after the Insured's Age 111.

Loan repayments will first be applied to the loans with the most recent loan date.

This policy will not automatically Lapse if you do not repay a loan. However, the Net Cash Value must be large enough to cover the Monthly Deduction due and any loan interest due not paid in cash, as set forth in the Grace Period provision.

PARTIAL SURRENDERS

At any time after the period stated on page 1 during which you may cancel this policy, you may withdraw a portion of this policy's Net Cash Value by sending us a Written Request. When we process your request, we will deduct the withdrawal amount and any surrender penalty from the Accumulation Value. We will also reduce the Face Amount as described below. The minimum amount you may withdraw by partial surrender is \$500.00.

Maximum Partial Surrender - In any Policy Year, the maximum amount that you may receive by partial surrender is:

1. the Accumulation Value;
- minus 2. any Outstanding Loan;
- minus 3. the sum of 3 Monthly Deductions;
- minus 4. the greater of \$25 or the surrender penalty that would apply on a surrender of the policy for its Net Cash Value.

If you request a withdrawal larger than the maximum described above, we will treat it as a request for a surrender of the policy for its Net Cash Value.

Surrender Penalty - During the Surrender Penalty Period, a surrender penalty will be assessed on any partial surrender you request. The minimum surrender penalty is \$25. After the Surrender Penalty Period has expired, we will assess a \$25 surrender penalty on any partial surrender. The Surrender Penalty Period and the corresponding Surrender Penalty Factors are shown in the Policy Data.

The surrender penalty will be equal to A times B, divided by C, below, but not more than the surrender penalty that would apply on a surrender of the policy for its Net Cash Value, where:

- A is the amount of the withdrawal;
- B is the Surrender Penalty Factor for the Policy Year in which the partial surrender occurs; and
- C is 1000 minus the Surrender Penalty Factor for the Policy Year in which the partial surrender occurs.

If the result of this calculation is less than \$25, the minimum surrender penalty of \$25 will be assessed.

Face Amount Reduction - We will reduce the Face Amount of the policy by the amount of the withdrawal and the surrender penalty. If the new Face Amount would be less than \$25,000, the partial surrender will not be allowed.

OPTION TO CHANGE THE FACE AMOUNT

Increasing the Face Amount - You may not increase the Face Amount of this policy.

Decreasing the Face Amount - While this policy is In Force, you may request a decrease in the Face Amount by sending us a Written Request. The amount of the reduction in Face Amount must be at least \$25,000 and the new Face Amount may not be less than \$25,000.

We will deduct a surrender penalty from the Accumulation Value if the decrease is made during the Surrender Penalty Period. The surrender penalty is equal to A times B, divided by C, where:

- A is the surrender penalty that would apply in the event of a surrender of the policy for its Net Cash Value;
- B is the amount of the decrease in the Face Amount; and
- C is the Face Amount of the Base Policy before the decrease.

We will issue new Policy Data pages showing the new Face Amount. After the decrease, the Monthly Deduction Rates, Monthly Expense Charge Per Thousand rates, Policy Fees and any future surrender penalties will be based on the new Face Amount of this policy. These rates may be higher than the rates at which this policy was originally issued.

NONFORFEITURE OPTION

You may surrender this policy for its Net Cash Value. We will charge a surrender penalty if the policy is surrendered during the Surrender Penalty Period shown in the Policy Data.

The surrender penalty will be equal to A times B, divided by C, where:

- A is the Surrender Penalty Factor shown in the Policy Data for the Policy Year in which the surrender occurs;
- B is the Face Amount; and
- C is 1000.

If you request a surrender under this provision within 30 days after a Policy Anniversary, the surrender value will not be less than the surrender value on that anniversary, less any loans and partial surrenders (including surrender penalties) made after the Policy Anniversary.

ALTERNATIVE PAID-UP LIFE INSURANCE OPTION

You may purchase alternative paid-up life insurance instead of exercising the Nonforfeiture Option. You may exercise this option on or after the fifth Policy Anniversary, but before the Insured's Age 121.

This option is no longer available after the first of these events occurs: (1) the Insured dies; (2) you surrender this policy for its Net Cash Value; (3) you exercise this option; or (4) this policy is terminated.

In order to exercise this option, you must send us a Written Request and the policy. We must receive the request within 60 days of the date you signed it and while this option is in effect. If you exercise this option, this policy and all attached Riders will terminate and in exchange you will receive an alternative paid-up life insurance policy. We will add the net cash value, if any, of the Riders attached to this policy to this policy's Net Cash Value. We will use the total amount to determine the amount of alternative paid-up life insurance you may purchase.

The face amount of the new policy will be the amount that this policy's Net Cash Value, together with the net cash value of any Riders, will purchase at the current net single premium rate in effect when you elect this option.

The net single premium rates are determined by us and will vary by: the Insured's age when you exercise the option, as defined in the new policy; the Insured's sex; the Insured's smoker or nonsmoker status on this policy; and the Insured's class of risk on this policy as recorded at the time you exercise this option.

Evidence of Insurability - When you request this option, we may require evidence of insurability. To determine whether evidence of insurability is required, we will perform a calculation based on the following:

- A is the amount of alternative paid-up life insurance.
- B is the Net Cash Value used to purchase the alternative paid-up life Insurance.
- C is the death benefit payable under this Base Policy on the date you choose this option.
- D is the Accumulation Value of this Base Policy on the date you choose this option.

If (A minus B) is greater than (C minus D), then the Insured must provide evidence of insurability satisfactory to us. In all other situations, evidence of insurability is not required.

If the Insured does not provide evidence satisfactory to us that the Insured is still insurable at the same class of risk as applies to this policy, we will reduce the amount of alternative paid-up life insurance accordingly. If there is any Net Cash Value left after you purchase alternative paid-up life insurance, we will refund it to you.

Alternative Paid-Up Life Insurance Policy - We will issue and date the alternative paid-up life insurance policy as of the date you exercise this option. If your request occurs within 30 days after a Policy Anniversary, the surrender value of the alternative paid-up life insurance will not be less than the Base Policy's surrender value plus the surrender value of any Riders on that anniversary, less any loans and partial surrenders (including surrender penalties), made after the last Policy Anniversary.

We will include in each alternative paid-up life insurance policy a table of cash values for that policy and a description of the basis we use to calculate those values. The cash values will not be less than the minimum values required by the jurisdiction in which the application for the new policy is signed. There may be a new policy loan interest rate provision in the alternative paid-up life insurance policy. The new rate may be a variable one.

PAYMENT OF CASH VALUE AND LOANS

We may delay paying you the partial or full surrender values of this policy for up to 6 months after we receive your Written Request for the surrender. We may delay making a loan to you for up to 6 months after we receive your Written Request for the loan. We will not delay any loan made to pay premiums due us on any policy.

BASIS OF COMPUTATION

The Cash Values of this policy are not less than the minimum values and benefits required by the jurisdiction in which the application for this policy was signed.

Calculation of minimum Cash Values and nonforfeiture benefits are based on the 2001 Commissioners Standard Ordinary Smoker or Nonsmoker Ultimate Mortality Tables for males or females, age nearest birthday. Deaths are assumed to occur at the end of the Policy Year.

As required, we have filed the method we used to compute minimum Cash Values and nonforfeiture benefits with the supervisory official of the jurisdiction in which the application for this policy was signed.

GENERAL PROVISIONS

The Policy is Our Contract with You - This policy is issued in consideration of the application and the payment of premiums as provided in this policy.

This policy, any amendment(s) or endorsement(s), and a copy of the application(s) and any questionnaires for issuance or Reinstatement of the policy attached to it contain the entire contract between you and us. Any statements made in such application(s), questionnaires or any amendments either by you or by the Insured will, in the absence of fraud, be considered representations and not warranties. Also, any written statement made either by you or by the Insured will not be used to void this policy nor defend against a claim under this policy unless the statement is contained in the application(s), questionnaires or any amendments thereto.

Any Rider attached to this policy will become a part of this policy and will be subject to all of the terms and conditions of this policy unless we state otherwise in the Rider.

Incontestability - We cannot contest this policy, except for fraud (when such a defense is permitted by the applicable law in the state where the policy will be delivered or issued for delivery) or non-payment of premium, after it has been In Force during the lifetime of the Insured for two years after the later of:

1. The Date of Issue; and
2. The effective date of Reinstatement of this policy.

If this policy is Reinstated, the original contestability period will continue to apply. In addition, a new two year contestability period will apply from the date of Reinstatement with respect to statements made in the application for Reinstatement.

The Insured, the owner and the Beneficiary are obligated to cooperate in any contestability investigation that we may conduct, including supplying us with necessary authorizations for medical and other information.

Amount Payable is Limited in the Event of Suicide - If the Insured, whether sane or insane, dies by suicide within two years from the Date of Issue, our liability will be limited to the amount of premiums paid for this policy, less any partial surrenders and Outstanding Loan.

Misstatement of Age or Sex in the Application - If there is a misstatement of the Insured's date of birth or sex in the application, we will adjust the excess of the death benefit over the Accumulation Value to that which would be purchased by the most recent Monthly Deduction at the correct Age or sex. There will be no adjustment beyond the Insured's Age 121.

Who Can Make Changes in the Policy - No change or waiver of any of the provisions of this policy will be valid unless made in writing by us and signed by an officer of the Company. Any change or waiver must be signed by our President or a Vice President together with our Secretary. No agent or other person has the authority to change or waive any provision of this policy.

Termination of Insurance - This policy will terminate at the earliest of:

1. The date this policy Lapses; or
2. The date of the owner's Written Request to surrender or terminate; or
3. The date of the Insured's death; or
4. The date of the owner's Written Request to purchase alternative paid-up life insurance.

Our acceptance of a premium for any period after the date of termination of this policy shall create no liability by us with respect to this policy, nor will it constitute a waiver of the termination. Any premium paid for this policy following its termination will be refunded.

No Dividends are Payable - This is nonparticipating insurance. It does not participate in our profits or surplus. We do not distribute past surplus or recover past losses by changing the Monthly Deduction Rates.

Your Rights - During the Insured's lifetime and unless otherwise provided in this policy, you have the exclusive right to assign this policy and to exercise every right, privilege and option this policy grants or that we allow. Some of your rights are:

1. To change the owner or Beneficiary.
2. To change the frequency of premium payments.
3. To Reinstate the policy after Lapse in accordance with the Reinstatement provision.

To exercise any of these rights, or to apply for the death benefits or any benefits under this policy, communicate with our nearest representative or directly with our Administrative Office. Please notify us promptly of any change of address.

SETTLEMENT PROVISIONS

Lump Sum Payment - When the death benefit is payable, we will pay it in a lump sum, unless a settlement option is elected. We may discharge our obligation to make payment in a lump sum by providing drafts by which the Beneficiary may draw at any time all or any portion of the remaining benefit. If we do so, we will pay interest from time to time on any amount remaining unpaid. Such interest will be at a rate declared by us from time to time, and may differ from the rate we pay under the settlement options below. There is no minimum interest rate.

Settlement Options - During the Insured's lifetime, you may request that we pay the death benefit under one of the following settlement options. We will also use any other method of payment that is agreeable to you and us. After the Insured's death, a Beneficiary may elect to receive such Beneficiary's share of the death benefit under a settlement option. However, you may provide that the Beneficiary will not be permitted to change the settlement option you have selected. If a settlement option is requested, we will prepare an agreement to be signed which will state the terms and conditions under which the payments will be made. This agreement will include a statement regarding the withdrawal value, if any, and to whom any remaining proceeds will be paid following the death of the person receiving the payments.

Installments for a Guaranteed Period - We will pay equal installments for a guaranteed period. Each installment will consist of part benefit and part interest. We will pay the installments monthly, quarterly, semi-annually or annually, as requested.

Annuity - We will use the benefit as a single premium to buy an annuity. The annuity may be payable to one or two payees. It may be payable for a guaranteed period, or for life with or without a guaranteed period as long as we agree to it. The annuity payment will not be less than what our newly issued immediate annuity contracts with the same features are then paying.

Benefit Deposited with Interest - We will hold the benefit on deposit with us and it will earn interest. Such interest will be at a rate declared by us from time to time, but not less than an annual interest rate of 1%, and may differ from the rate we pay under other options or as a Lump Sum Payment. We will pay the earned interest monthly, quarterly, semi-annually or annually, as requested. The payee may withdraw part or all of the benefit and earned interest at any time, but unlike for Lump Sum Payment, no drafts will be provided.

Installments of a Selected Amount - We will pay installments of a selected amount until we have paid the entire benefit and accumulated interest. The amount of the final payment may vary as it will consist of the remaining balance.

Installment Interest Rate - Any unpaid balance we hold under Installments for a Guaranteed Period or Installments of a Selected Amount will earn interest at the rate we are paying at the time of settlement. We will not pay less than 1% annual interest.

Conditions - Settlements of less than \$10,000 will be paid in a lump sum and may not be applied under any settlement option. We may change the payment frequency if payments under an option become less than \$100.

A corporation may receive payments under a life income option only if the payments are based on the life of the surviving spouse or dependent of the Insured.

Payments Exempt from the Claims of Creditors - To the extent permitted by law:

1. No payment of death benefit or interest we make will be subject to the claims of any creditor; and
2. If you provide that the option selected cannot be changed after the Insured's death, the payments will not be subject to the debts or contracts of the person receiving the payments.

Transamerica Life Insurance Company
Home Office: [Cedar Rapids, IA 52499]
Administrative Office: [4333 Edgewood Road NE]
[Cedar Rapids, IA 52499]

POLICY FORM TTM10
Individual Life Insurance

Flexible Premium Adjustable Life Insurance
Flexible Premiums Payable During Life of the Insured Prior to Age 111
Subject to the Limitations Described in the Premiums Provision

Death Benefit Payable at Death of Insured
Nonparticipating - No Dividends



Transamerica Life Insurance Company
Home Office: [Cedar Rapids, IA]
Administrative Office:
[4333 Edgewood Rd NE]
[Cedar Rapids, IA 52499]

(Referred to as the Company, we, our or us)

NO-LAPSE GUARANTEE ENDORSEMENT

We have issued this endorsement as a part of the policy to which it is attached. Except as otherwise specifically set forth below, it is subject to all of the terms of the policy.

During the Threshold Period, if this endorsement is Active, the policy will not enter the grace period.

While this endorsement is Active:

1. The death benefit under the policy will continue; and,
2. Benefits under all Riders and/or endorsements will continue, subject to their terms.

DEFINITIONS

This endorsement is **Active** when the Policy Threshold minus any Outstanding Loan is not less than zero.

This endorsement is **Inactive** when the Policy Threshold minus any Outstanding Loan is less than zero. If this endorsement becomes Inactive, it may be made Active again during the Threshold Period by paying sufficient premiums.

The **Policy Threshold** is a number that is calculated monthly and is used in determining whether this endorsement will remain Active. The Policy Threshold is not used to determine the Accumulation Value, the Cash Value or the amount of the death benefit. The Policy Threshold is comprised of Threshold Cell 1, Threshold Cell 2 and Threshold Cell 3. The total Policy Threshold is the sum of the three Threshold Cells.

The **Threshold Interest Rates** for each of the Threshold Cells are the interest rates we use to compute Threshold Interest in the calculation of the Policy Threshold. These annual effective interest rates are shown in the Policy Data. The Threshold Interest Rates are not used to determine the Accumulation Value, the Cash Value or the amount of the death benefit.

The **Threshold Monthly Charges** are amounts we subtract from the Threshold Cells. They are the sum of the Threshold Monthly Premium Charges for the Base Policy and any Riders, the Threshold Monthly Expense Charge and the Threshold Monthly Policy Fee.

The **Threshold Period** is the period during which this endorsement may be Active. The Threshold Period is shown in the Policy Data.

EFFECT OF ENDORSEMENT ON POLICY VALUES

During the time this endorsement is Active and the policy would otherwise be in the grace period, Monthly Deductions will continue to be deducted from the Accumulation Value. As a result, the Accumulation Value may become negative. If this happens, all of the following will apply:

1. Monthly Deductions for the coverage then In Force will continue to be taken from the Accumulation Value as they come due. The Monthly Deduction Rates will continue to apply to the difference between the death benefit and the Accumulation Value. If the Accumulation Value is less than zero, the difference will be greater than the death benefit.
2. Interest will not accrue on the Accumulation Value if it is less than zero.
3. We will continue to calculate the Policy Threshold as specified in this endorsement for the entire Threshold Period.
4. The endorsement must remain Active on each Monthly Policy Date or the policy will enter the grace period. If the Policy Threshold minus any Outstanding Loan is less than zero on any Monthly Policy Date, we will send a Notice. The Notice will state the amount you must pay to make this endorsement Active again, as well as the amount you can pay to provide sufficient Accumulation Value to cover charges. If you do not pay one of the requested amounts within 61 days, the policy and all attached coverages will Lapse.
5. The death benefit will not be reduced as a result of any negative Accumulation Value.

If the policy remains In Force until the end of the Threshold Period, or if the policy Lapses with a negative Accumulation Value, you will not have to repay the negative Accumulation Value.

THE POLICY THRESHOLD

CALCULATION OF THE POLICY THRESHOLD - The Policy Threshold on the Policy Date is equal to the sum of the Threshold Premium Credits applied to the Policy Threshold on that date. Thereafter, the Policy Threshold on each Monthly Policy Date is the sum of Threshold Cells 1, 2 and 3. On any Monthly Policy Date after the Policy Date, each Threshold Cell is equal to:

1. The Threshold Cell on the last Monthly Policy Date, with interest at the Threshold Interest Rate from the last Monthly Policy Date to the current Monthly Policy Date on that amount; plus
2. All Threshold Premium Credits applied to that Threshold Cell since the last Monthly Policy Date, with interest at the Threshold Interest Rate from the date each Threshold Premium Credit is applied to that Threshold Cell to the current Monthly Policy Date; minus
3. Any Threshold Premium Credits deducted from that Threshold Cell since the last Monthly Policy Date, with interest at the Threshold Interest Rate from the date each Threshold Premium Credit is deducted from that Threshold Cell to the current Monthly Policy Date; minus
4. The Threshold Monthly Charges subtracted from that Threshold Cell on the last Monthly Policy Date with one month's interest thereon at the Threshold Interest Rate; minus
5. The amount of any partial surrenders (including surrender penalties) withdrawn from the Accumulation Value allocated to that Threshold Cell since the last Monthly Policy Date, with interest at the Threshold Interest Rate on that amount from the date of each partial surrender to the current Monthly Policy Date; minus
6. The amount of any surrender penalties assessed for decrease(s) in the policy's Face Amount allocated to that Threshold Cell effective on the last Monthly Policy Date, with one month's interest thereon at the Threshold Interest Rate.

THRESHOLD CELLS REBALANCING - At the end of the first Policy Year, we will rebalance Threshold Cells 1 and 3 as follows:

1. We will compare the negative balance in Threshold Cell 3 to the positive balance in Threshold Cell 1.
2. If the positive balance in Threshold Cell 1 is sufficient to cover the negative balance in Threshold Cell 3, then: (a) we will reduce the positive balance in Threshold Cell 1 by the negative balance in Threshold Cell 3; and, (b) we will set the balance in Threshold Cell 3 to zero.
3. If the positive balance in Threshold Cell 1 is not sufficient to cover the negative balance in Threshold Cell 3, then: (a) we will reduce the negative balance in Threshold Cell 3 by the positive balance in Threshold Cell 1; and, (b) we will set the balance in Threshold Cell 1 to zero.

At the end of each subsequent Policy Year, we will reduce any positive balance in Threshold Cell 3 to zero by moving that positive balance to Threshold Cell 2.

THRESHOLD PREMIUM CREDITS

When we receive a premium payment, we apply a Threshold Premium Credit to the Policy Threshold. The Threshold Premium Credit is the amount of the premium paid, less the applicable Threshold Premium Expense Charge. The Threshold Premium Expense Charges for each of the Threshold Cells are shown in the Policy Data. When a premium refund is made, we subtract the corresponding Threshold Premium Credit from the Policy Threshold.

ALLOCATION OF THRESHOLD PREMIUM CREDITS - All Threshold Premium Credits applied in the first Policy Year will be allocated to Threshold Cell 1. Threshold Premium Credits applied during subsequent Policy Years will be allocated to Threshold Cell 2 or Threshold Cell 3 as follows:

1. If the Policy Threshold at the end of the prior Policy Month is greater than zero, the Threshold Premium Credit will be allocated to Threshold Cell 2.
2. If the Policy Threshold at the end of the prior Policy Month is zero or less, the Threshold Premium Credit will be allocated to Threshold Cell 3.

THRESHOLD MONTHLY CHARGES

On each Monthly Policy Date, we subtract Threshold Monthly Charges from the Policy Threshold. The Threshold Monthly Charges consist of the Threshold Monthly Premium Charge for the Base Policy, the Threshold Monthly Policy Fee, the Threshold Monthly Expense Charge and the Threshold Monthly Premium Charges for any Riders.

THRESHOLD MONTHLY PREMIUM CHARGE FOR THE BASE POLICY - The Threshold Monthly Premium Charge for the Base Policy is equal to:

1. The applicable Threshold Monthly Premium Rate, times
2. .001, times
3. The difference between the policy's death benefit and the Policy Threshold.

The Threshold Monthly Premium Rates are shown in the Policy Data for each year of the Threshold Period. For the first Policy Year of the Threshold Period, the Table 1 rate will be used. The rates to be used for all subsequent Policy Years will be determined each year as follows: (a) if the Policy Threshold at the end of the previous Policy Year was greater than zero, the corresponding Table 1 rate will be used; or, (b) if the Policy Threshold at the end of the previous Policy Year was zero or less, the corresponding Table 2 rate will be used.

THRESHOLD MONTHLY POLICY FEE - The Threshold Monthly Policy Fee is shown in the Policy Data.

THRESHOLD MONTHLY EXPENSE CHARGE - The Threshold Monthly Expense Charge is equal to:

1. The applicable Threshold Monthly Expense Charge Per Thousand Rate, times
2. .001, times
3. The policy's Face Amount.

THRESHOLD MONTHLY PREMIUM CHARGE FOR RIDERS - If the policy includes a Waiver Provision Rider, the Threshold Monthly Premium Charge for that Rider is equal to:

1. The Monthly Deduction rate for that Rider, times
2. .001, times
3. The difference between the policy's death benefit and the Policy Threshold at the beginning of the policy month.

The Threshold Monthly Premium Charge for any other Rider is equal to one twelfth of that Rider's annual premium.

ALLOCATION OF THRESHOLD MONTHLY CHARGES - The Threshold Monthly Charges will be allocated to the Threshold Cells on each Monthly Policy Date as follows:

1. If Threshold Cell 3 is positive, we will allocate to and subtract from Threshold Cell 3 until Threshold Cell 3 equals zero or until we have allocated and subtracted the entire amount.
2. To the extent that we cannot allocate to and subtract the entire amount from Threshold Cell 3, we will proceed to the other Threshold Cells in descending numerical order (Threshold Cell 3, then Threshold Cell 2, then Threshold Cell 1). We will allocate and subtract the remainder until we have allocated and subtracted the entire remainder or until all Threshold Cells equal zero.
3. To the extent that we cannot allocate to and subtract any remainder from Threshold Cell 1, we will allocate and subtract the entire remainder from Threshold Cell 3, which will then be negative.

GENERAL PROVISIONS

WAIVER PROVISION RIDER - When Monthly Deductions are being waived during the Threshold Period pursuant to a Waiver Provision Rider attached to the policy, we will not subtract Threshold Monthly Charges. Any Threshold Monthly Charges that are waived retroactively will be added back to the Policy Threshold as of the date of notice of claim or the date at the end of the first six months of Total Disability, whichever is later. We will not extend the Threshold Period. You must pay sufficient premiums to assure your policy remains In Force until your claim is approved.

PARTIAL SURRENDER AND DECREASE IN POLICY FACE AMOUNT - Any partial surrenders (including surrender penalties) and any surrender penalties assessed for decrease(s) in the policy's Face Amount will be allocated to the Threshold Cells on the same basis as the Threshold Monthly Charges.

REINSTATEMENT - If the policy Lapses and is Reinstated, this endorsement may also be reinstated. The Policy Threshold at the time of Reinstatement will be equal to the Policy Threshold at the time of Lapse plus any Threshold Premium Credits applied at the time of Reinstatement.

TERMINATION - This endorsement automatically terminates upon the first of the following to occur:

1. If the policy is surrendered or changed to Paid-Up Life Insurance;
2. At the end of the Threshold Period; or,
3. If the policy terminates for any reason.

REACTIVATION OF THIS ENDORSEMENT - If this endorsement becomes Inactive, it may be made Active again by paying sufficient premiums to bring the Policy Threshold minus any Outstanding Loan up to zero or more.

Signed for us at our home office.



[

[Secretary]



[

[President]



Transamerica Life Insurance Company
Home Office: [Cedar Rapids, IA]
Administrative Office:
[4333 Edgewood Rd NE]
[Cedar Rapids, IA 52499]

(Referred to as the Company, we, our or us)

WAIVER PROVISION RIDER

We have issued this Rider as a part of the policy to which it is attached. Except as otherwise specifically set forth below, it is subject to all of the terms of the policy.

RIDER BENEFIT - We will waive each Monthly Deduction due for the policy and any attached Riders after we receive satisfactory proof that the Insured is Totally Disabled as defined in this Rider and while the Insured continues to be Totally Disabled. The Insured must become Totally Disabled while this Rider is in effect and the Total Disability must continue for at least six months. We will waive Monthly Deductions while the Insured's Total Disability continues, subject to the Benefit Period provision below. All benefits are subject to the provisions of the policy and this Rider.

While Monthly Deductions are being waived under this Rider, no premium payments are required. Monthly Deductions waived by us will not be deducted from any death benefit payment.

DEFINITIONS

Age has the meaning described in the policy.

Immediate Family Member means one of the following members of the Insured's or owner's family: spouse, child, stepchild, parent, grandparent, grandchild, brother, sister, and their spouses.

Insured means only the Insured under the policy. It does not include any other individuals covered under other Riders.

Physician means a person other than the Insured, the owner, or an Immediate Family Member, who is a doctor of medicine or osteopathy, is licensed in the jurisdiction in which the advice is given or diagnosis is made and is acting within the scope of that license.

Total Disability ("Totally Disabled") means the inability of the Insured:

1. During the first 24 months of total disability, to perform the substantial and material duties of the Insured's occupation.
2. After the first 24 months of total disability, to perform any of the substantial and material duties of the Insured's own occupation or any other occupation for which the Insured is reasonably suited by the Insured's education, training, or experience.

Total Disability also includes the Insured's total loss of:

1. The sight of both eyes, while such loss continues; or
2. The use of both hands, while such loss continues; or
3. The use of both feet, while such loss continues; or
4. The use of one hand and one foot, while such loss continues.

Total Disability must be caused by sickness or accidental bodily injury.

RISKS NOT COVERED - No benefits will be allowed under this Rider if Total Disability is caused by or contributed to by, or results directly or indirectly from:

1. Attempt at suicide or intentionally self-inflicted injury while sane or insane.
2. Active participation in a riot, insurrection, or terrorist activity.
3. War, declared or undeclared, or any act of war.
4. Committing or attempting to commit a felony.
5. The voluntary intake or use by any means of:
 - a. Any drug, unless prescribed or administered by a Physician and taken in accordance with the Physician's instruction.
 - b. Poison, gas or fumes, unless a direct result of an occupational accident.
6. Intoxication as defined by the jurisdiction where Total Disability occurred.
7. Participation in an illegal occupation or activity.

BENEFIT PERIOD - Monthly Deductions will be waived during the continuance of the Insured's Total Disability, subject to the following:

1. No Monthly Deductions will be waived for any period before the Insured's 10th birthday.
2. If the Total Disability begins before the Insured's Age 60 and continues to the Insured's Age 65, we will waive all further Monthly Deductions under the policy.
3. If the Total Disability begins after the Insured's Age 60, we will not waive any Monthly Deductions after the later of:
 - a. The Insured's Age 65; or
 - b. The Policy Year when the Threshold Monthly Premium Rate first increases as shown in Table 1 in the Policy Data.
4. Separate periods of Total Disability will be considered as one continuous disability period unless such separate periods are:
 - a. Due to unrelated causes; or
 - b. Due to the same or related causes, but are separated by at least six months during which the Insured has returned to work on a continuous basis.

NOTICE AND PROOF OF TOTAL DISABILITY - Written notice of Total Disability must be given to us at our Administrative Office. This notice must be given while the Insured is living and while the Total Disability continues. Failure to give such notice will not invalidate any claim if such notice was given as soon as reasonably possible. Due proof of Total Disability must be given to us at our Administrative Office. The Insured will be required to furnish due proof of the continuance of Total Disability upon request but not more than once every 30 days during the first two full years after Total Disability has occurred. At our option and at our expense, such proof may include an examination of the Insured by a Physician chosen by us. Such proof will not be required by us more than once each year after Total Disability has continued for two full years.

EFFECT OF POLICY ADJUSTMENTS - If we agree to change the policy's Face Amount, then the coverage provided by this Rider will be changed accordingly.

TERMINATION OF BENEFITS - The benefits provided by this Rider for any period of Total Disability will end:

1. If the Insured fails to give us any requested due proof or refuses to submit to a requested examination; or
2. If the Insured is no longer Totally Disabled. You have the obligation to inform us immediately if the Insured is no longer Totally Disabled or if the Insured returns to work.

TERMINATION - This Rider will terminate on the earliest of the following dates or events:

1. At Age 65 of the Insured, unless Monthly Deductions are being waived at that time, in which case it will terminate when Monthly Deductions are no longer being waived; or
2. The death of the Insured; or

3. The next Monthly Policy Date following the date you request termination of this Rider; or
4. The date the policy Lapses; or
5. The date the policy is surrendered or changed to Paid-Up Life Insurance; or
6. The date the policy terminates.

CONDITIONS - Payment of any waiver provision benefit is subject to the following conditions:

1. No Monthly Deductions will be waived unless the Total Disability has continued uninterrupted for a period of no less than six consecutive months. After such period, Monthly Deductions that have been taken on or after the Monthly Policy Date following the date the Total Disability began will be waived retroactively. Monthly Deductions that are waived retroactively will be credited to the Accumulation Value as of the date of notice of claim or the date at the end of the first six months of Total Disability, whichever is later. However, in no event will Monthly Deductions be waived for any period more than 1 year before proof of Total Disability has been received by us.
2. We will continue to take Monthly Deductions until the waiver provision claim is approved by us. You must pay sufficient premiums to assure your policy remains In Force until the claim is approved.

NON-CONVERTIBLE - This Rider is not convertible.

REINSTATEMENT - If the policy is Reinstated, this Rider may be reinstated at the same time, provided:

1. The Insured is not yet Age 65; and
2. We receive proof of insurability satisfactory to us.

CONSIDERATION - We have issued this Rider in consideration of the application and payment of the premiums. A copy of the application is attached to the policy.

CHARGES - The charges for this Rider are shown in the Policy Data and are payable as provided in the policy. No charges for this Rider will be payable after this Rider terminates.

INCONTESTABILITY - The provisions of the policy relating to incontestability apply to this Rider. However, if this Rider is added after the Date of Issue of the policy, the contestable period will be measured from the later of the Rider Date or the date this Rider is reinstated.

NO DIVIDENDS ARE PAYABLE - This Rider does not participate in our profits or surplus.

NONFORFEITURE VALUES - This Rider does not have cash values or loan values.

RIDER DATE - The Rider Date of this Rider will be the Policy Date, unless we inform you in writing of a different date.

Signed for us at our home office.



[]

[Secretary]



[]

[President]

SERFF Tracking Number: AEGD-126893996 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 47458
 Company Tracking Number: 1-41005110, 1-003 11-110, 1-011 11-110
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: TTM10
 Project Name/Number: TTM10/1-41005110, 1-003 11-110, 1-001 11-110

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR Readability Certification 10030.pdf
 AR Bulletin 15-2009 Certification 10030.pdf
 AR Regulation 19 Certification 10030.pdf
 AR Regulation 34 Certification 10030.pdf
 AR Regulation 49 Certification 10030.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

We intend to use application APA401008T, approved June 3, 2008, under SERFF Tracking Number CMPL-125670265, with this product.

Attachment:

APA401008T.pdf

Item Status: **Status Date:**

Satisfied - Item: Statement of Variability

Comments:

Attachment:

AR Statement of Variability 10030.pdf

TRANSAMERICA LIFE INSURANCE COMPANY
Home Office: Cedar Rapids, Iowa

ARKANSAS CERTIFICATION OF READABILITY

This is to certify that the attached life insurance forms have each achieved a Flesch Reading Ease Score as shown.

<u>Form Number</u>	<u>Form Description</u>	<u>Flesch Score</u>
1-41005110	Flexible Premium Adjustable Life Insurance Policy	52.8
1-41505110	Flexible Premium Adjustable Life Insurance Policy	52.8
1-42005110	Flexible Premium Adjustable Life Insurance Policy	52.8
1-42505110	Flexible Premium Adjustable Life Insurance Policy	52.8
1-43005110	Flexible Premium Adjustable Life Insurance Policy	52.8
1-003 11-110	No-Lapse Guarantee Endorsement	52.9
1-011 11-110	Waiver Provision Rider	50.2

and each form complies with the requirements of Arkansas Statutes Annotated Sections 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Cheryl Bock
Assistant Vice President of Contract Development

December 3, 2010
Date

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa

BULLETIN 15-2009 CERTIFICATION

Policy Forms: 1-41005110, 1-41505110, 1-42005110, 1-42505110, and 1-43005110

We certify that, for policies issued in Arkansas on the above-referenced policy form numbers, we will deliver the Consumer Information Notice required by Bulletin 15-2009.



Cheryl Bock
Assistant Vice President of Contract Development

December 3, 2010
Date

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa

REGULATION 19 CERTIFICATION

Policy Forms: 1-41005110, 1-41505110, 1-42005110, 1-42505110, and 1-43005110

We certify that, to the best of our knowledge and belief, this submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Insurance Division of the State of Arkansas.

Cheryl Bock

Cheryl Bock
Assistant Vice President of Contract Development

December 3, 2010
Date

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa

REGULATION 34 CERTIFICATION

Policy Forms: 1-41005110, 1-41505110, 1-42005110, 1-42505110, and 1-43005110

We certify that, to the best of our knowledge and belief, we are in compliance with Regulation 34 of the State of Arkansas.

Cheryl Bock

Cheryl Bock
Assistant Vice President of Contract Development

December 3, 2010
Date

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, Iowa

REGULATION 49 CERTIFICATION

Policy Forms: 1-41005110, 1-41505110, 1-42005110, 1-42505110, and 1-43005110

We certify that, for policies issued in Arkansas on the above-referenced policy form numbers, we will deliver the Life and Health Guaranty Fund Notice required by Regulation 49.

Cheryl Bock

Cheryl Bock
Assistant Vice President of Contract Development

December 3, 2010
Date



Transamerica Life Insurance Company
 Home Office: 4333 Edgewood Road NE
 Cedar Rapids, IA 52499

GA # _____
**Individual Life Insurance
 Application For One Life
 Part 1**

Proposed Insured: _____
 First Middle Last Suffix Mr./Mrs./Ms./Dr.

Birthdate: _____ Age _____ Birth Place: _____ Male Female
 Mo. Day Yr.

Soc. Sec. No.: _____ U.S. Citizen Yes No If no, complete Residency & Travel Questionnaire

Employer: _____ Area Code & Work Phone _____

Occupation: _____

Annual Income \$ _____ Net Worth \$ _____

Residence: _____
 No. & Street (Cannot be a P.O. Box) City State Zip Country Area Code & Home Phone

Owner's Name: _____ Birthdate: _____
 (If other than Proposed Insured) Mo. Day Yr.

If Trust, provide name and date of Trust: _____

Relationship to Proposed Insured: _____

Address: _____
 No. & Street (Cannot be a P.O. Box) City State Zip Country Soc. Sec. or Tax No.

U.S. Citizen Yes No If no, VISA Type/Immigration Status: _____ E-mail: _____
 (Not for Policy/Billing Notices)

Beneficiary's Name and Relationship to Proposed Insured: _____

Address: _____
 No. & Street (Cannot be a P.O. Box) City State Zip Country Date of Trust, if Applicable

1. Plan Applied For: _____ Kind Code: _____

2. Risk Classification: Preferred Plus/Select Preferred Standard Plus Standard
 Extra Rating of _____ Other _____

3. Nicotine Classification: Nicotine Non-Nicotine

4. Amount Applied For \$ _____

5. Additional Benefits by Rider: Waiver of Premium/Waiver Provision Accident Indemnity \$ _____ Other _____ \$ _____

6. Premium Payment Mode: Annual Semi-Annual Quarterly Monthly Other _____
 PAC Direct Bill

7. Complete for Flexible Premium Plans:
 Required Premium Per Year (RAP) \$ _____
 Planned Periodic Premium \$ _____
 + Initial Lump Sum \$ _____
 = Total Initial Premium \$ _____

8. If the Automatic Premium Loan (APL) provision is available, do you want the provision to be in effect? Yes No (APL will be in effect unless no is checked.)

9. Do you have any existing life insurance or annuities? If none, check this box . If yes, please list the policies below.

a. Do you intend to discontinue, replace or change insurance with any company if the life insurance applied for is issued? Please indicate yes or no in the chart.

Type of Coverage (Personal / Business / Employer Provided / Group)	Company/Policy Number	Face Amount	Replacement?
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

b. Total Accidental Death insurance in force with all companies: \$ _____



10. Is any application for life insurance pending with any other company? Yes No
If yes, give company name, amount applied for and total amount to be placed. _____
11. Are there any life insurance policies on the life of the Proposed Insured that you do not own, including but not limited to any that you have sold or settled? Yes No If yes, give insurance company name, owner's name, and amount of insurance of each policy.

12. Mail Additional Premium Notices To: _____
Address: _____
No. & Street City State Zip Country

Yes No "You" means any person proposed to be insured.

13. Have you ever participated in, or within the next two years do you intend to participate in, hang-gliding, sky diving, parachuting, ultralight flying, vehicle racing, scuba diving, mountain or rock climbing, rodeos, competitive skiing or snowboarding, extreme sports or other hazardous activities? If yes, complete Sports and Hazardous Activities Questionnaire.
14. Do you plan to travel in the next 12 months for business or pleasure to a destination outside the U.S., Canada, Western Europe, Hong Kong, Australia or New Zealand? If yes, complete Residency & Travel Questionnaire.
15. Have you used nicotine at any time? Date Last Used
- Cigarettes _____
- Cigar/Pipe/Chewing Tobacco _____
- Other _____
16. Driver's License #: _____ State: _____
In the past five years, have you been convicted of or pleaded guilty to:
- a. Moving violations? If yes, give dates and type. _____
- b. Driving under the influence of alcohol and/or other drugs? If yes, give dates. _____
- c. Reckless driving? If yes, give dates. _____
17. Except as a passenger on a regularly scheduled flight, has the Proposed Insured flown within the past 2 years, or does the Proposed Insured have plans to fly in the future other than as a passenger? If yes, complete Aviation Questionnaire.
18. Have you ever been convicted of a felony, misdemeanor or infraction other than a traffic violation? If yes, provide full details including state and date of offense.
19. Are you a member of the armed forces including reserves? Intend to become a member? Any deployment orders outside U.S.? If yes, give full details.
20. Is the Proposed Insured currently in bankruptcy or has the Proposed Insured been the subject of any voluntary or involuntary bankruptcy proceeding pending within the last 12 months? If yes, please provide full details including Chapter 7, 11, or 13, date filed, and date of discharge and dismissal, if any.

Remarks: Give details for any questions answered yes

I, the Proposed Insured, and I, the Owner if different, hereby represent that the statements and answers given in this application are true, complete and correctly recorded. **I/we agree:** (1) this application shall consist of Part 1, Part 2, and any required application supplement(s)/amendment(s), and shall be the basis for any contract issued on this application; (2) except as otherwise provided in the conditional receipt, if issued, with the same Proposed Insured as on this application, any contract issued on this application shall not take effect until after all of the following conditions have been met: (a) the full first premium is paid, (b) the Owner has personally received the contract during the lifetime of and while the Proposed Insured is in good health, and (c) all of the statements and answers given in this application must be true and complete as of the date of Owner's personal receipt of the contract and that the contract will not take effect if the facts have changed; (3) no waiver or modification shall be binding upon Transamerica Life Insurance Company (the Company) unless in writing and signed by the President or a Vice President and the Secretary or an Assistant Secretary.

I/we understand that omissions or misstatements in this application could cause an otherwise valid claim to be denied under any contract issued from this application.



FRAUD WARNING

The following state(s) and U.S. territories require that insurance applicants acknowledge a fraud warning statement. Please refer to the fraud warning statement for your state or U.S. territory as indicated below.

ARKANSAS, LOUISIANA and WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PUERTO RICO: Any person who knowingly, and with the intention to defraud, includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony, and if found guilty, shall be punished for each violation with a fine of no less than five thousand dollars (\$5000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

TENNESSEE , VIRGINIA and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

ALL OTHER STATES: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE TO CONSUMER

The death benefit on many business related life insurance policies will be taxable to you under Section 101(j) of the Internal Revenue Code to the extent it exceeds the premiums and other considerations paid by you for the policy unless the written Notice and Consent is obtained **prior to policy issue** and certain other requirements of such section are met. These policies are often referred to as Employer-Owned Life Insurance Policies but can also include policies owned by others such as affiliates and business owners.

You are advised to consult with your qualified tax advisor prior to purchasing this policy.

AUTHORIZATION TO OBTAIN INFORMATION

Transamerica Life Insurance Company (the Company)

I, the Proposed Insured, hereby authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insuring or reinsuring company, the MIB Group, Inc. and its members or affiliates, consumer reporting agency, or employer having information available as to testing, diagnosis, treatment and prognosis with respect to any physical or mental condition (for example: coronary disease; cancer; Human Immunodeficiency Virus (HIV) related test results or disorders; metabolic, pulmonary, or neurological disorders) and/or treatment of me or my minor children and any other non-medical information of me or my minor children to give to the Company or its legal representative, any and all such information.

I understand the information obtained by use of the Authorization will be used by the Company to determine eligibility for insurance and eligibility for benefits under an existing contract. Any information obtained will not be released by the Company to any person or organization **except** to reinsuring companies, the MIB Group, Inc. and its members or affiliates, or other persons or organizations performing business or legal services in connection with my application, claim or as may be otherwise lawfully required or as I may authorize.

I know that I may request to receive a copy of this Authorization. **I agree** that a photocopy of this Authorization shall be as valid as the original. I agree this Authorization shall be valid for two and one half years from the date shown below, regardless of my condition and whether I am living or not.

I acknowledge receipt of the Notice of Disclosure of Information. **I understand** that if an investigative consumer report is ordered in connection with this application, I may elect to be interviewed in connection with the preparation of the report and, upon request, I will be provided with a copy of the report. I elect to be interviewed if an investigative consumer report is prepared. Yes No

PLEASE MAKE CHECKS PAYABLE TO THE COMPANY. DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE PAYEE SPACE BLANK.

Amount paid with this Application \$ _____ Check # _____ Credit Card (Complete Credit Card Order Confirmation Form)

Signed at _____ on _____, _____
City-State Date

X _____ X _____
Signature of Proposed Insured (or parent or guardian if Proposed Insured is a minor) Witness to Signature of Proposed Insured

Signed at _____ on _____, _____
City-State Date

X _____ X _____
Signature of Owner (if other than Proposed Insured) Witness to Signature of Owner

If Owner is a Corporation, an authorized officer, other than the Proposed Insured must sign as Owner, give corporate title and full name of corporation below.

X
Signature of Licensed Producer

NOTICE OF DISCLOSURE OF INFORMATION

Information regarding your insurability will be treated as confidential except that Transamerica Life Insurance Company (the Company) may make a brief report to the MIB Group, Inc. (MIB) and its members or affiliates, a non-profit membership organization of life insurance companies which operates an information exchange on behalf of its members. Upon request by another member insurance company to which you have applied for life or health insurance, or to which a claim is submitted, MIB will supply such company with the information it may have in its files. The Company may also release information in its file to reinsurers and to other life insurance companies to which you may apply for life or health insurance, or to which a claim is submitted.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB's file, you may seek correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is Post Office Box 105, Essex Station, Boston, MA 02112, telephone (866) 692-6901 (TTY (866) 346-3642 for hearing impaired).

Notice to Persons Applying for Insurance: Federal law requires us to advise you that in connection with this application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted. Such reports are usually part of the process of evaluating risks for life and health insurance. Inquiry may be made into your character, general reputation, personal characteristics and mode of living. It is possible that a representative of a firm employed to make such reports may call upon you in person. You have the right to request disclosure of the nature and scope of the investigation by your written request made within a reasonable time after receipt of this notice.

Notice of Insurance Information Practices: The information collected about you by us may in certain circumstances be disclosed to third parties without your specific authorization as permitted or required by law. You have the right of access and correction with respect to the information collected except information which relates to a claim or civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please contact your agent or write the Company at its Administrative Office, 4333 Edgewood Road NE, Cedar Rapids, IA 52499.

INSTRUCTIONS FOR CONDITIONAL RECEIPT

DO NOT ACCEPT MONEY OR COMPLETE THE CONDITIONAL RECEIPT IF:

1. any Proposed Insured has been treated for or experienced, within the last 12 months, any disorder of the heart, stroke, or other vascular disease, cancer, or HIV infection, or
2. any Proposed Insured is under the age of 16 or over the age of 75, or
3. the amount applied for under the attached application exceeds \$2,000,000.

IF ANY PROPOSED INSURED IS NOT DISQUALIFIED BY ONE OR MORE OF THE FACTORS LISTED IN 1 - 3 ABOVE, YOU MAY COLLECT MONEY AT THE TIME THE APPLICATION PART 1 IS COMPLETED.

Make all checks payable to Transamerica Life Insurance Company. Do not make checks payable to the insurance producer or leave the payee blank, otherwise this Receipt cannot become effective. The amount of payment taken with the application must be at least equal to the amount of the full first premium for the mode of payment selected in the application (2 months' premium for Monthly Pre-Authorized Withdrawal Plan). For credit card payments, complete a Credit Card Order Confirmation Form.

CONDITIONAL RECEIPT
PLEASE READ THIS CAREFULLY

Received from _____, the sum of \$ _____ for the life insurance application dated _____, with _____ as the Proposed Insured.

This Receipt cannot become valid unless all blanks are completed above, your check, draft or authorized withdrawal is made payable to Transamerica Life Insurance Company (the Company), this Receipt is signed by a duly authorized insurance producer or other Company authorized representative, and you signify that you understand the conditions and limitations of this Receipt and have had them explained to you by signing the Acknowledgment below.

This Receipt does not provide any conditional insurance until after all of the conditions and requirements specified are met, and is strictly limited in scope and amount as set forth below.

CONDITIONAL COVERAGE: Conditional insurance, under the terms of the contract applied for, may become effective as of the date of completing Part 1 of the application, the date of completing Part 2 of the application, or the date requested in the application, whichever is latest (the Effective Date), but only after all the conditions to conditional coverage have been met.

CONDITIONS TO CONDITIONAL COVERAGE UNDER THIS RECEIPT: Such conditional insurance will take effect as of the Effective Date, but only so long as all of the following conditions are met:

1. The payment made with the application must be received at our Administrative Office within the lifetime of the Proposed Insured and honored on first presentation for payment;
2. Part 1 and Part 2 of the application, and all medical examinations, tests, screenings and questionnaires required by the Company are completed and received at our Administrative Office;
3. As of the Effective Date, all statements and answers given in the application (both Parts) must be true and complete; and
4. The Company is satisfied that, at the time of completing Part 1 and Part 2 of the application, each person to be covered was insurable at any rating under the Company's rules for insurance on the plan applied for and in the amount and at the Nicotine Classification applied for.

60-DAY LIMIT OF CONDITIONAL COVERAGE: If the Company does not approve and accept the application for insurance within 60 days of the date you signed the Part 1, the application will be deemed to be rejected by the Company, and there will be no conditional insurance coverage. In that case, the Company's liability will be limited to returning any payment you have made. The Company has the right to terminate conditional coverage at any time prior to 60 days by mailing a refund of the payment made.

DOLLAR LIMITS OF CONDITIONAL COVERAGE: The aggregate amount of conditional coverage provided under this Receipt, if any, and any other Conditional Receipt issued by the Company on each person to be covered shall be limited to the lesser of the amount(s) applied for or \$1,000,000 of life insurance if the Proposed Insured is age 16 - 65 and is insurable at the standard or better class of risk, \$400,000 of life insurance if the Proposed Insured is age 66 - 75 and is insurable at the standard or better class of risk, or \$100,000 for a class of risk with extra ratings regardless of age. There is no conditional coverage for riders or any additional benefits, if any, for which you have applied.

IF CONDITIONS ARE NOT MET OR DEATH OCCURS FROM SUICIDE, THERE IS NO COVERAGE UNDER THIS RECEIPT. If one or more of this Receipt's conditions have not been met exactly, or if a Proposed Insured dies by suicide or intentional self-inflicted injury, while sane or insane, the Company will not be liable under this Receipt except to return any payment made with the application. If the Proposed Insured should die before completing all medical examinations, tests, screenings, and questionnaires required by the Company or would not be insurable under the Company's rules, then the Company will not be liable under this Receipt except to return any payment made with the application.

Except as provided in this Conditional Receipt, no coverage under the contract you are applying for will become effective unless and until after a contract is delivered to you and all other conditions of coverage set forth in Part 1 of the application have been met.

ACKNOWLEDGMENT OF TERMS, CONDITIONS, AND LIMITATIONS OF CONDITIONAL RECEIPT

I have read the foregoing Conditional Receipt issued by Transamerica Life Insurance Company. The insurance producer has fully explained to me all the terms, conditions, and limitations of the Conditional Receipt, and I understand them.

I also understand neither the insurance producer, any person who has signed this Receipt, nor the medical/paramedical examiner is authorized to accept risks or determine insurability, to make or modify contracts, or to waive any of the Company's rights or requirements.

X _____, 20____
Signature of Proposed Owner Date

If Proposed Owner is a Trust, the Trustee must sign as Owner.
Give full name and date of Trust below.

If Proposed Owner is a Corporation, an authorized officer, other than the Proposed Insured must sign as Owner. Give corporate title and full name of corporation below.

You should retain a copy of this Receipt and Acknowledgment. If you do not hear from the Company regarding the proposed insurance within 60 days, notify the Company at its Administrative Office, 4333 Edgewood Road NE, Cedar Rapids, IA 52499, Attention: Underwriting Dept., giving your full name, date of birth, the name of the insurance producer, date and amount of this Conditional Receipt.

Submit this completed and signed original with the application and payment.

Original



**CONDITIONAL RECEIPT
PLEASE READ THIS CAREFULLY**

Received from _____, the sum of \$ _____ for the life insurance application dated _____, with _____ as the Proposed Insured.

This Receipt cannot become valid unless all blanks are completed above, your check, draft or authorized withdrawal is made payable to Transamerica Life Insurance Company (the Company), this Receipt is signed by a duly authorized insurance producer or other Company authorized representative, and you signify that you understand the conditions and limitations of this Receipt and have had them explained to you by signing the Acknowledgment below.

This Receipt does not provide any conditional insurance until after all of the conditions and requirements specified are met, and is strictly limited in scope and amount as set forth below.

CONDITIONAL COVERAGE: Conditional insurance, under the terms of the contract applied for, may become effective as of the date of completing Part 1 of the application, the date of completing Part 2 of the application, or the date requested in the application, whichever is latest (the Effective Date), but only after all the conditions to conditional coverage have been met.

CONDITIONS TO CONDITIONAL COVERAGE UNDER THIS RECEIPT: Such conditional insurance will take effect as of the Effective Date, but only so long as all of the following conditions are met:

1. The payment made with the application must be received at our Administrative Office within the lifetime of the Proposed Insured and honored on first presentation for payment;
2. Part 1 and Part 2 of the application, and all medical examinations, tests, screenings and questionnaires required by the Company are completed and received at our Administrative Office;
3. As of the Effective Date, all statements and answers given in the application (both Parts) must be true and complete; and
4. The Company is satisfied that, at the time of completing Part 1 and Part 2 of the application, each person to be covered was insurable at any rating under the Company's rules for insurance on the plan applied for and in the amount and at the Nicotine Classification applied for.

60-DAY LIMIT OF CONDITIONAL COVERAGE: If the Company does not approve and accept the application for insurance within 60 days of the date you signed the Part 1, the application will be deemed to be rejected by the Company, and there will be no conditional insurance coverage. In that case, the Company's liability will be limited to returning any payment you have made. The Company has the right to terminate conditional coverage at any time prior to 60 days by mailing a refund of the payment made.

DOLLAR LIMITS OF CONDITIONAL COVERAGE: The aggregate amount of conditional coverage provided under this Receipt, if any, and any other Conditional Receipt issued by the Company on each person to be covered shall be limited to the lesser of the amount(s) applied for or \$1,000,000 of life insurance if the Proposed Insured is age 16 - 65 and is insurable at the standard or better class of risk, \$400,000 of life insurance if the Proposed Insured is age 66 - 75 and is insurable at the standard or better class of risk, or \$100,000 for a class of risk with extra ratings regardless of age. There is no conditional coverage for riders or any additional benefits, if any, for which you have applied.

IF CONDITIONS ARE NOT MET OR DEATH OCCURS FROM SUICIDE, THERE IS NO COVERAGE UNDER THIS RECEIPT. If one or more of this Receipt's conditions have not been met exactly, or if a Proposed Insured dies by suicide or intentional self-inflicted injury, while sane or insane, the Company will not be liable under this Receipt except to return any payment made with the application. If the Proposed Insured should die before completing all medical examinations, tests, screenings, and questionnaires required by the Company or would not be insurable under the Company's rules, then the Company will not be liable under this Receipt except to return any payment made with the application.

Except as provided in this Conditional Receipt, no coverage under the contract you are applying for will become effective unless and until after a contract is delivered to you and all other conditions of coverage set forth in Part 1 of the application have been met.

Dated at _____ on _____, 20____ X
City, State Date Insurance Producer or other Company Authorized Rep

ACKNOWLEDGMENT OF TERMS, CONDITIONS, AND LIMITATIONS OF CONDITIONAL RECEIPT

I have read the foregoing Conditional Receipt issued by Transamerica Life Insurance Company. The insurance producer has fully explained to me all the terms, conditions, and limitations of the Conditional Receipt, and I understand them.

I also understand neither the insurance producer, any person who has signed this Receipt, nor the medical/paramedical examiner is authorized to accept risks or determine insurability, to make or modify contracts, or to waive any of the Company's rights or requirements.

You should retain a copy of this Receipt and Acknowledgment. If you do not hear from the Company regarding the proposed insurance within 60 days, notify the Company at its Administrative Office, 4333 Edgewood Road NE, Cedar Rapids, IA 52499, Attention: Underwriting Dept., giving your full name, date of birth, the name of the insurance producer, date and amount of this Conditional Receipt.

Leave this page with the proposed Owner if money is submitted with application

Statement of Variability
Policy Forms 1-41005110, 1-41505110, 1-42005110, 1-42505110 & 1-43005110
Endorsement Form 1-003 11-110
Rider Form 1-011 11-110

There are two types of bracketed text: (1) illustrative; and (2) variable.

Bracketed Illustrative Text – Bracketed illustrative text includes: The company’s home office location (page 1 and last page of policies, page 1 of endorsement and rider); administrative office address (page 1 and last page of policies, page 1 of endorsement and rider); toll-free telephone number (page 1 of policies); website address (page 1 of policies); the Insured’s name (page 1, 2 and 4A of policies); the policy number (page 1 and 2 of policies); the date of issue (page 1 and 2 of policies); the “signed at” location (page 1 of policies, page 5 of endorsement, page 3 of rider); the Officers’ signatures and titles (page 1 of policies, page 5 of endorsement, page 3 of rider); the Owner’s name (page 2 of policies); and, the policy date (page 2 of policies).

Bracketed Variable Text - Bracketed variable text has a “highlighted number” next to it. Each “highlighted number” is explained in this Statement of Variability below.

Policy Forms 1-41005110, 1-41505110, 1-42005110, 1-42505110 and 1-43005110

1. The issue ages for these policies are as follows:

- a) 18 to 85 - Policy Form 1-41005110
- b) 18 to 80 - Policy Form 1-41505110
- c) 18 to 75 - Policy Form 1-42005110
- d) 18 to 70 - Policy Form 1-42505110
- e) 18 to 65 - Policy Form 1-43005110

2. The Face Amount will be the amount we approve. Minimum Face Amounts vary by Underwriting Class as follows:

Underwriting Class	Minimum Face Amount
Preferred Plus Nonsmoker	\$100,000
Preferred Nonsmoker	\$100,000
Standard Plus Nonsmoker	\$100,000
Standard Nonsmoker	\$25,000
Preferred Smoker	\$100,000
Standard Smoker	\$25,000
Nonsmoker	\$25,000
Smoker	\$25,000

3. The Class of Risk will be one of the Underwriting Classes shown in item 3 above, depending on the Insured’s underwriting status.

NOTE: If the policy is “RATED,” the word “RATED” will also be included in this field.

- 4. The Sex of Insured will be Male or Female. For cases subject to Norris, this item and the indicator (Male or Female) will be suppressed.
- 5. The Minimum Initial Premium will vary on a case-by-case basis and will never be less than \$25. The Minimum Initial Premium is based on age, sex, face amount, dating of the policy, risk class and rating. The amount shown for each policy represents the minimum amount payable for a 35 year old male classified as a preferred nonsmoker with a policy face amount of \$100,000.
- 6. The Planned Periodic Premiums and associated modal frequency will vary on a case-by-case basis at the discretion of the policyowner.

7. The Guaranteed Maximum Monthly Expense Charge Per Thousand varies based on age, risk class, smoker/nonsmoker, sex, band, duration and term period.
8. The Planned Annualized Premiums will vary on a case-by-case basis based on age, risk class, smoker/nonsmoker, sex, band, duration and term period.
9. The Guaranteed Maximum Monthly Deduction Rates vary based on age, duration, smoker/nonsmoker, sex and rating of the policy. The rates shown represent the maximum monthly rates for a 35-year old male classified as a preferred nonsmoker with a policy face amount of \$100,000.
10. Additional Benefits are optional at the policyowner's request. Bracketing of "1-011 11-110" and "WAIVER PROVISION" are only to denote that the benefit (including all supporting information on this page) will not appear unless Waiver Provision is requested by the policyowner and approved by the Company. The sample shown represents Waiver Provision for a 35-year old male classified on the policy as "preferred nonsmoker." Rider Monthly Deductions for Waiver Provision vary based on sex, smoker/nonsmoker and rating. Page number may vary if other benefits are attached to the policy. The Additional Benefits page will not generate if there are no Additional Benefits attached to the policy.
11. The Illustrative Values (Accumulation and Cash Values) vary based on the Planned Annualized Premium and face amount of the policy, age, sex, risk class, smoker/nonsmoker, rating and duration of the policy. These values represent the minimum values for a 35-year old male classified as a preferred nonsmoker with a policy face amount of \$100,000, based on guaranteed assumptions and timely premium payments.
12. The Surrender Penalty Periods for these policies are as follows:
 - a) 10 years - Policy Form 1-41005110
 - b) 15 years - Policy Form 1-41505110
 - c) 20 years - Policy Form 1-42005110
 - d) 20 years - Policy Form 1-42505110
 - e) 20 years - Policy Form 1-43005110

Surrender Penalty Factors vary based on issue age, sex, risk class, smoker/nonsmoker and duration.

13. The Death Benefit Factors vary based on issue age, sex and duration.

Endorsement 1-003 11-110 items on data pages

14. The Threshold Monthly Premium Rates vary based on age, risk class, smoker/nonsmoker, sex, band, duration and term period.
15. The Threshold Period varies based on issue age (Threshold Period goes to the Insured's age 111).
16. The Threshold Monthly Policy Fee varies based on face amount as follows: (a) \$5.00 per month for face amounts less than \$100,000; and, (b) \$2.50 per month for face amounts of \$100,000 and higher.
17. The Threshold Monthly Expense Charge Per Thousand varies based on age, risk class, smoker/nonsmoker, sex, band, duration and term period.
18. The Threshold Interest Rate (all Threshold Cells) may vary from 1% to 10%.
19. The Threshold Premium Expense Charges (all Threshold Cells) may vary from 1% to 15%.

SERFF Tracking Number: AEGD-126893996 State: Arkansas
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 47458
 Company Tracking Number: 1-41005110, 1-003 11-110, 1-011 11-110
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: TTM10
 Project Name/Number: TTM10/1-41005110, 1-003 11-110, 1-001 11-110

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
12/06/2010	Form	Policy Form TTM10 Individual Life Insurance	12/10/2010	1-41005110 Policy.pdf (Superseded)



Transamerica Life Insurance Company
 Home Office: [Cedar Rapids, IA 52499]
 Administrative Office: [4333 Edgewood Road NE]
 [Cedar Rapids, IA 52499]
 [1-800-852-4678]
 [www.transamerica.com]

POLICY FORM TTM10
 Individual Life Insurance

(Referred to as the Company, we, our or us)

INSURED	[JOHN DOE]	[SPECIMEN]	POLICY NUMBER
FACE			
AMOUNT	\$(100,000) (2)	[JAN 01 2011]	DATE OF ISSUE

We will pay the death benefit to the Beneficiary if the Insured dies while this policy is In Force. All payments are subject to the provisions of this policy. Signed for the Company at [Cedar Rapids, Iowa], on the Date of Issue.



[
 [Secretary]



[
 [President]

10 DAY RIGHT TO CANCEL - You may cancel this policy by delivering or mailing a Written Request to us or to the agent from whom it was purchased. You must return the policy to us or the agent before midnight of the 10th day after the day you receive it. Your Written Request given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage prepaid. We must return all payments made for this policy, including any fees or charges, within 30 days after we receive notice of cancellation and the returned policy.

If you are terminating or borrowing from another life insurance policy owned by you in connection with your purchase of this policy, then this policy may be considered a replacement policy. If this policy is a replacement policy, your right to cancel is extended to midnight of the 30th day after the day you receive it.

Flexible Premium Adjustable Life Insurance
Flexible Premiums Payable During Life of the Insured Prior to Age 111
Subject to the Limitations Described in the Premiums Provision

Death Benefit Payable at Death of Insured
Nonparticipating - No Dividends

This policy is a legal contract between you and the Company.

READ YOUR POLICY CAREFULLY

GUIDE TO POLICY PROVISIONS

Accumulation Values	11
Alternative Paid-Up Life Insurance Option	15
Application Copy	after 18
Assignment of the Policy.....	7
Beneficiary Provisions	8
Change of Beneficiary	8
Death Benefit.....	8
Definitions.....	6
Grace Period.....	10
Incontestability	16
Interest from Date of Death	9
Misstatement of Age or Sex in the Application	17
Nonforfeiture Option.....	14
Option to Change the Face Amount	14
Ownership Provisions.....	7
Partial Surrenders	13
Payment of Cash Value and Loans.....	16
Payment of the Death Benefit	8
Policy Data	2—5
Policy Loans	13
Policy Statements and Illustrations.....	7
Policy Values	11
Premiums	9
Proof of Death	8
Reinstatement.....	11
Riders	after 18
Settlement Provisions	18
Suicide	17
Termination of Insurance	17
Your Rights	17

POLICY DATA

POLICY NUMBER [SPECIMEN] [JAN 01, 2011] POLICY DATE
INSURED [JOHN DOE]
FACE AMOUNT \$[100,000] (2) 6.00% REINSTATEMENT INTEREST RATE
DATE OF ISSUE [JAN 01, 2011] (1) [35] AGE OF INSURED
LOAN INTEREST RATE 7.40% IN ADVANCE
(3) [PREFERRED NON-SMOKER] CLASS OF RISK
OWNER [JOHN DOE]
SEX OF INSURED [MALE] (4)

MINIMUM INITIAL PREMIUM: \$ [21.23] (5)
PLANNED PERIODIC PREMIUMS: \$ [127.40 ANNUAL] (6)
GUARANTEED MAXIMUM MONTHLY POLICY FEE: \$ 10.00
GUARANTEED MAXIMUM MONTHLY EXPENSE CHARGE
PER THOUSAND TO AGE 111: [0.196086300] (7)
GUARANTEED MINIMUM INTEREST RATE: 3.00%
GUARANTEED PREMIUM EXPENSE CHARGES: 9.00% OF EACH GROSS PREMIUM

NOTE: THIS POLICY MAY TERMINATE IF:
(1) THE NET CASH VALUE IS LESS THAN THE MONTHLY DEDUCTION DUE, OR
(2) THE PREMIUMS FOR THE BASE POLICY AND ANY ADDITIONAL RIDERS ARE NOT PAID WHEN DUE.

POLICY DATA (CONTINUED)

SCHEDULE OF PLANNED ANNUALIZED PREMIUMS

POLICY YEAR	PLANNED ANNUALIZED PREMIUM	POLICY YEAR	PLANNED ANNUALIZED PREMIUM	POLICY YEAR	PLANNED ANNUALIZED PREMIUM
(8) [1	\$127.40	36	\$1,038.95	71	\$4,411.17
2	\$127.40	37	\$1,038.95	72	\$4,599.18
3	\$127.40	38	\$1,038.95	73	\$4,797.55
4	\$127.40	39	\$1,038.95	74	\$5,006.82
5	\$127.40	40	\$1,130.12	75	\$5,227.43
6	\$127.40	41	\$1,228.46	76	\$5,227.43]
7	\$127.40	42	\$1,334.29		
8	\$127.40	43	\$1,455.55		
9	\$127.40	44	\$1,595.27		
10	\$127.40	45	\$1,754.27		
11	\$384.77	46	\$1,754.27		
12	\$419.30	47	\$1,754.27		
13	\$451.39	48	\$1,754.27		
14	\$478.66	49	\$1,754.27		
15	\$511.04	50	\$1,912.36		
16	\$529.67	51	\$2,086.54		
17	\$551.40	52	\$2,276.92		
18	\$576.24	53	\$2,481.93		
19	\$605.22	54	\$2,698.57		
20	\$672.79	55	\$2,924.03		
21	\$751.10	56	\$2,924.03		
22	\$821.91	57	\$2,924.03		
23	\$891.32	58	\$2,924.03		
24	\$954.80	59	\$2,924.03		
25	\$1,020.74	60	\$3,109.26		
26	\$1,042.46	61	\$3,301.83		
27	\$1,065.21	62	\$3,476.28		
28	\$1,089.00	63	\$3,660.67		
29	\$1,113.82	64	\$3,855.73		
30	\$1,200.98	65	\$4,062.04		
31	\$773.64	66	\$4,062.04		
32	\$837.48	67	\$4,062.04		
33	\$901.35	68	\$4,062.04		
34	\$969.34	69	\$4,062.04		
35	\$1,038.95	70	\$4,233.07		

POLICY DATA (CONTINUED)

TABLE OF GUARANTEED MAXIMUM MONTHLY DEDUCTION RATES PER \$1,000
FOR BASE POLICY *

POLICY YEAR	POLICY EXCLUDING RIDERS	POLICY YEAR	POLICY EXCLUDING RIDERS	POLICY YEAR	POLICY EXCLUDING RIDERS
(9) [1	0.090833300	36	2.008333300	71	38.260833300
2	0.095833300	37	2.205000000	72	40.179166600
3	0.100000000	38	2.463333300	73	42.218333300
4	0.107500000	39	2.735833300	74	44.385833300
5	0.114166600	40	3.022500000	75	46.688333300
6	0.121666600	41	3.335833300	76	49.132500000
7	0.131666600	42	3.677500000	77	51.728333300
8	0.144166600	43	4.074166600	78	54.483333300
9	0.158333300	44	4.537500000	79	57.409166600
10	0.175000000	45	5.072500000	80	60.512500000
11	0.194166600	46	5.655833300	81	63.805833300
12	0.212500000	47	6.320000000	82	67.299166600
13	0.232500000	48	7.011666600	83	71.004166600
14	0.244166600	49	7.757500000	84	74.935000000
15	0.257500000	50	8.583333300	85	79.101666600
16	0.276666600	51	9.505833300	86	83.333333300]
17	0.299166600	52	10.528333300		
18	0.330000000	53	11.645000000		
19	0.363333300	54	12.841666600		
20	0.405833300	55	14.104166600		
21	0.458333300	56	15.421666600		
22	0.511666600	57	16.660833300		
23	0.569166600	58	17.952500000		
24	0.618333300	59	19.315000000		
25	0.675000000	60	20.754166600		
26	0.743333300	61	22.265833300		
27	0.826666600	62	23.649166600		
28	0.928333300	63	25.124166600		
29	1.042500000	64	26.698333300		
30	1.162500000	65	28.378333300		
31	1.289166600	66	30.175000000		
32	1.417500000	67	31.600833300		
33	1.547500000	68	33.120000000		
34	1.687500000	69	34.736666600		
35	1.832500000	70	36.456666600		

FOR ALL YEARS AFTER THOSE SHOWN, THE GUARANTEED MONTHLY DEDUCTION RATE PER \$1,000 IS 0.000000000.

* TO FIND THE AMOUNT OF MONTHLY DEDUCTION DURING EACH POLICY YEAR, SEE THE POLICY VALUES SECTION. A POLICY FEE WILL BE INCLUDED IN EACH MONTHLY DEDUCTION. A MONTHLY EXPENSE CHARGE PER THOUSAND WILL ALSO BE INCLUDED IN EACH MONTHLY DEDUCTION. THE GUARANTEED MAXIMUM MONTHLY POLICY FEE AND THE GUARANTEED MAXIMUM MONTHLY EXPENSE CHARGE PER THOUSAND ARE SHOWN ON POLICY DATA PAGE 2.

POLICY DATA (CONTINUED)

ADDITIONAL BENEFITS

THE CHARGE FOR ANY ADDITIONAL BENEFITS WHICH ARE PROVIDED BY RIDER IS SHOWN BELOW. ONLY A BRIEF DESCRIPTION IS GIVEN. THE COMPLETE PROVISIONS ARE INCLUDED IN THE RIDER.

RIDER NUMBER	ADDITIONAL BENEFIT	ANNUAL PREMIUM
(10) [1-011 11-110]	(10) [WAIVER PROVISION]	SEE TABLE BELOW

INSURED UNDER WAIVER PROVISION: [JOHN DOE]

TABLE OF GUARANTEED MONTHLY DEDUCTION RATES PER \$1,000 FOR WAIVER PROVISION RIDER

POLICY YEAR	RIDER MONTHLY DEDUCTIONS	POLICY YEAR	RIDER MONTHLY DEDUCTIONS	POLICY YEAR	RIDER MONTHLY DEDUCTIONS
(10) [1	0.0089513				
2	0.0089513				
3	0.0089513				
4	0.0089513				
5	0.0089513				
6	0.0089513				
7	0.0089513				
8	0.0089513				
9	0.0089513				
10	0.0089513				
11	0.0447563				
12	0.0528938				
13	0.0610313				
14	0.0707963				
15	0.0830025				
16	0.0976500				
17	0.1147388				
18	0.1342688				
19	0.1570538				
20	0.1847213				
21	0.2164575				
22	0.2392425				
23	0.2579588				
24	0.2766750				
25	0.2929500				
26	0.3100388				
27	0.3279413				
28	0.3466575				
29	0.3661875				
30	0.3865313]				

POLICY DATA (CONTINUED)

TABLE OF ILLUSTRATIVE POLICY VALUES AND BENEFITS

ILLUSTRATIVE PREMIUMS (1)
GUARANTEED BASIS (2)

END OF POLICY YEAR	PLANNED ANNUALIZED PREMIUM	DEATH BENEFIT	ACCUMULATION VALUE (3)	CASH VALUE(4)
1	(8) [\$ 127.40	\$ 100,000	(11) [\$0	(11) [\$0
2	\$ 127.40	\$ 100,000	\$0	\$0
3	\$ 127.40	\$ 100,000	\$0	\$0
4	\$ 127.40	\$ 100,000	\$0	\$0
5	\$ 127.40	\$ 100,000	\$0	\$0
6	\$ 127.40	\$ 100,000	\$0	\$0
7	\$ 127.40	\$ 100,000	\$0	\$0
8	\$ 127.40	\$ 100,000	\$0	\$0
9	\$ 127.40	\$ 100,000	\$0	\$0
10	\$ 127.40	\$ 100,000	\$0	\$0
11	\$ 384.77	\$ 100,000	\$0	\$0
12	\$ 419.30	\$ 100,000	\$0	\$0
13	\$ 451.39	\$ 100,000	\$0	\$0
14	\$ 478.66	\$ 100,000	\$0	\$0
15	\$ 511.04	\$ 100,000	\$0	\$0
16	\$ 529.67	\$ 100,000	\$0	\$0
17	\$ 551.40	\$ 100,000	\$0	\$0
18	\$ 576.24	\$ 100,000	\$0	\$0
19	\$ 605.22	\$ 100,000	\$0	\$0
20	\$ 672.79	\$ 100,000	\$0	\$0
AGE 60	\$1,042.46	\$ 100,000	\$0	\$0
AGE 65	\$ 773.64]	\$ 100,000	\$0]	\$0]

- (1) THE ACCUMULATION AND CASH VALUES RESULT FROM THE INTEREST RATES, MONTHLY DEDUCTIONS AND THE TIMELY PAYMENT OF THE PLANNED ANNUALIZED PREMIUMS. PARTIAL SURRENDERS OR LOANS MAY CHANGE THESE RESULTS.
- (2) RESULTS CALCULATED ON A GUARANTEED BASIS REFLECT GUARANTEED MAXIMUM MONTHLY DEDUCTIONS AND THE GUARANTEED MINIMUM INTEREST RATE OF 3.00%.
- (3) ACCUMULATION VALUES ILLUSTRATED ON A GUARANTEED BASIS REFLECT ACCUMULATED NET PREMIUMS PLUS INTEREST AT THE GUARANTEED MINIMUM INTEREST RATE OF 3.00% LESS GUARANTEED MAXIMUM MONTHLY DEDUCTIONS WHICH INCLUDE THE GUARANTEED MAXIMUM MONTHLY POLICY FEE, THE GUARANTEED MAXIMUM MONTHLY EXPENSE CHARGE PER THOUSAND AND THE COST OF ANY RIDERS. WHILE A POLICY LOAN EXISTS, THE INTEREST RATE APPLICABLE TO THE CASH VALUE SECURING THE LOAN MAY DIFFER FROM THE INTEREST RATE APPLICABLE TO THE CASH VALUE NOT SECURING THE LOAN.
- (4) THE DIFFERENCE BETWEEN THE ACCUMULATION VALUE AND THE CASH VALUE IS THE SURRENDER PENALTY.

PREMIUMS ARE SUBJECT TO REFUND UNDER CONDITIONS DESCRIBED IN THE POLICY.

POLICY DATA (CONTINUED)

TABLE OF SURRENDER PENALTIES PER \$1,000
OF BASE POLICY FACE AMOUNT

SURRENDER PENALTY PERIOD: 10 YEARS

POLICY YEAR	SURRENDER PENALTY FACTOR
1	(12) [24.61
2	22.72
3	20.50
4	18.20
5	15.83
6	13.39
7	10.88
8	8.28
9	5.61
10	2.85]
11+	0.00

TO CALCULATE THE FULL SURRENDER PENALTY FOR THE BASE POLICY, FIND THE FACTOR FOR THE CURRENT POLICY YEAR. MULTIPLY THIS FACTOR BY THE NUMBER OF THOUSANDS OF FACE AMOUNT OF THE BASE POLICY.

POLICY DATA (CONTINUED)

TABLE OF DEATH BENEFIT FACTORS

POLICY YEAR	DEATH BENEFIT FACTOR	POLICY YEAR	DEATH BENEFIT FACTOR	POLICY YEAR	DEATH BENEFIT FACTOR
(13) [1	4.99	36	1.67	71	1.09
2	4.82	37	1.63	72	1.08
3	4.66	38	1.60	73	1.08
4	4.50	39	1.56	74	1.08
5	4.34	40	1.53	75	1.07
6	4.19	41	1.49	76	1.07
7	4.05	42	1.46	77	1.07
8	3.91	43	1.43	78	1.06
9	3.78	44	1.40	79	1.06
10	3.65	45	1.38	80	1.06
11	3.53	46	1.35	81	1.06
12	3.41	47	1.33	82	1.05
13	3.30	48	1.31	83	1.05
14	3.20	49	1.29	84	1.05
15	3.09	50	1.27	85	1.05
16	2.99	51	1.25	86	1.04]
17	2.89	52	1.24		
18	2.80	53	1.22		
19	2.71	54	1.21		
20	2.63	55	1.19		
21	2.54	56	1.18		
22	2.47	57	1.17		
23	2.39	58	1.16		
24	2.32	59	1.15		
25	2.25	60	1.15		
26	2.19	61	1.14		
27	2.12	62	1.13		
28	2.06	63	1.13		
29	2.01	64	1.12		
30	1.95	65	1.11		
31	1.90	66	1.11		
32	1.85	67	1.10		
33	1.80	68	1.10		
34	1.76	69	1.10		
35	1.72	70	1.09		

FOR ALL POLICY YEARS AFTER THOSE SHOWN, THE DEATH BENEFIT FACTOR IS 1.04.

POLICY DATA (CONTINUED)

TABLE OF THRESHOLD MONTHLY PREMIUM RATES
PER THOUSAND FOR BASE POLICY

TABLE 1

POLICY YEAR	THRESHOLD MONTHLY PREMIUM RATE	POLICY YEAR	THRESHOLD MONTHLY PREMIUM RATE	POLICY YEAR	THRESHOLD MONTHLY PREMIUM RATE
(14) [1	0.033067100	36	0.396612700	71	1.739640900
2	0.033067100	37	0.396612700	72	1.815206000
3	0.033067100	38	0.396612700	73	1.895018300
4	0.033067100	39	0.396612700	74	1.979305800
5	0.033067100	40	0.432616300	75	2.068258700
6	0.033067100	41	0.471470200	76	2.068258700]
7	0.033067100	42	0.513305600		
8	0.033067100	43	0.561272400		
9	0.033067100	44	0.616571800		
10	0.033067100	45	0.679553300		
11	0.116352900	46	0.679553300		
12	0.125870700	47	0.679553300		
13	0.134423500	48	0.679553300		
14	0.140267200	49	0.679553300		
15	0.146903100	50	0.742227100		
16	0.146903100	51	0.811336800		
17	0.146903100	52	0.886944500		
18	0.146903100	53	0.968443500		
19	0.146903100	54	1.054661900		
20	0.159659700	55	1.144490600		
21	0.174605400	56	1.144490600		
22	0.191091700	57	1.144490600		
23	0.209074000	58	1.144490600		
24	0.224720700	59	1.144490600		
25	0.242562600	60	1.218369500		
26	0.242562600	61	1.295251000		
27	0.242562600	62	1.364967200		
28	0.242562600	63	1.438722000		
29	0.242562600	64	1.516817800		
30	0.266751800	65	1.599507300		
31	0.291932500	66	1.599507300		
32	0.317109500	67	1.599507300		
33	0.342304900	68	1.599507300		
34	0.369133800	69	1.599507300		
35	0.396612700	70	1.668122200		

THRESHOLD PERIOD: POLICY YEARS 1-[76] (15)

THRESHOLD MONTHLY POLICY FEE: [2.50] (16)

POLICY DATA (CONTINUED)

TABLE OF THRESHOLD MONTHLY PREMIUM RATES
PER THOUSAND FOR BASE POLICY

TABLE 2

POLICY YEAR	THRESHOLD MONTHLY PREMIUM RATE	POLICY YEAR	THRESHOLD MONTHLY PREMIUM RATE	POLICY YEAR	THRESHOLD MONTHLY PREMIUM RATE
(14) [1	0.033067100	36	1.026237500	71	10.702150400
2	0.039930100	37	1.103954800	72	11.238738100
3	0.048040900	38	1.203977400	73	11.809124700
4	0.056151700	39	1.306977200	74	12.415408200
5	0.063014700	40	1.412885600	75	13.059453300
6	0.071125500	41	1.526157500	76	13.743124700]
7	0.078612400	42	1.647042500		
8	0.086099200	43	1.784431700		
9	0.094833900	44	1.941370200		
10	0.105440400	45	2.118389400		
11	0.174529400	46	2.306787000		
12	0.187273500	47	2.516276700		
13	0.198632500	48	2.729244100		
14	0.206340600	49	2.953755200		
15	0.215054500	50	3.196930700		
16	0.227433700	51	3.462647200		
17	0.241737600	52	3.750689400		
18	0.259018500	53	4.058334500		
19	0.279049600	54	4.380854200		
20	0.300680200	55	4.713930500		
21	0.325805300	56	5.054465000		
22	0.353265600	57	5.368550900		
23	0.382940500	58	5.690424800		
24	0.408522700	59	6.024412900		
25	0.437475800	60	6.371554000		
26	0.471725600	61	6.730451900		
27	0.512623400	62	7.053827300		
28	0.561378600	63	7.394059800		
29	0.614769400	64	7.752335100		
30	0.669495200	65	8.129587900		
31	0.725909800	66	8.527625400		
32	0.781793800	67	8.839244800		
33	0.837242000	68	9.264179300		
34	0.895818500	69	9.716386200		
35	0.955346200	70	10.197496900		

THRESHOLD PERIOD: POLICY YEARS 1-[76] (15)

THRESHOLD MONTHLY POLICY FEE: [2.50] (16)

POLICY DATA (CONTINUED)

TABLE OF THRESHOLD MONTHLY EXPENSE CHARGE
PER THOUSAND RATES

TABLE 1

POLICY YEAR	THRESHOLD MONTHLY EXPENSE CHARGE RATE	POLICY YEAR	THRESHOLD MONTHLY EXPENSE CHARGE RATE	POLICY YEAR	THRESHOLD MONTHLY EXPENSE CHARGE RATE
(17) [1	0.033067100	36	0.396612700	71	1.739640900
2	0.033067100	37	0.396612700	72	1.815206000
3	0.033067100	38	0.396612700	73	1.895018300
4	0.033067100	39	0.396612700	74	1.979305800
5	0.033067100	40	0.432616300	75	2.068258700
6	0.033067100	41	0.471470200	76	2.068258700]
7	0.033067100	42	0.513305600		
8	0.033067100	43	0.561272400		
9	0.033067100	44	0.616571800		
10	0.033067100	45	0.679553300		
11	0.116352900	46	0.679553300		
12	0.125870700	47	0.679553300		
13	0.134423500	48	0.679553300		
14	0.140267200	49	0.679553300		
15	0.146903100	50	0.742227100		
16	0.146903100	51	0.811336800		
17	0.146903100	52	0.886944500		
18	0.146903100	53	0.968443500		
19	0.146903100	54	1.054661900		
20	0.159659700	55	1.144490600		
21	0.174605400	56	1.144490600		
22	0.191091700	57	1.144490600		
23	0.209074000	58	1.144490600		
24	0.224720700	59	1.144490600		
25	0.242562600	60	1.218369500		
26	0.242562600	61	1.295251000		
27	0.242562600	62	1.364967200		
28	0.242562600	63	1.438722000		
29	0.242562600	64	1.516817800		
30	0.266751800	65	1.599507300		
31	0.291932500	66	1.599507300		
32	0.317109500	67	1.599507300		
33	0.342304900	68	1.599507300		
34	0.369133800	69	1.599507300		
35	0.396612700	70	1.668122200		

POLICY DATA (CONTINUED)

TABLE OF THRESHOLD MONTHLY EXPENSE CHARGE
PER THOUSAND RATES

TABLE 2

POLICY YEAR	THRESHOLD MONTHLY EXPENSE CHARGE RATE	POLICY YEAR	THRESHOLD MONTHLY EXPENSE CHARGE RATE	POLICY YEAR	THRESHOLD MONTHLY EXPENSE CHARGE RATE
(17) [1	0.033067100	36	1.026237500	71	10.702150400
2	0.039930100	37	1.103954800	72	11.238738100
3	0.048040900	38	1.203977400	73	11.809124700
4	0.056151700	39	1.306977200	74	12.415408200
5	0.063014700	40	1.412885600	75	13.059453300
6	0.071125500	41	1.526157500	76	13.743124700]
7	0.078612400	42	1.647042500		
8	0.086099200	43	1.784431700		
9	0.094833900	44	1.941370200		
10	0.105440400	45	2.118389400		
11	0.174529400	46	2.306787000		
12	0.187273500	47	2.516276700		
13	0.198632500	48	2.729244100		
14	0.206340600	49	2.953755200		
15	0.215054500	50	3.196930700		
16	0.227433700	51	3.462647200		
17	0.241737600	52	3.750689400		
18	0.259018500	53	4.058334500		
19	0.279049600	54	4.380854200		
20	0.300680200	55	4.713930500		
21	0.325805300	56	5.054465000		
22	0.353265600	57	5.368550900		
23	0.382940500	58	5.690424800		
24	0.408522700	59	6.024412900		
25	0.437475800	60	6.371554000		
26	0.471725600	61	6.730451900		
27	0.512623400	62	7.053827300		
28	0.561378600	63	7.394059800		
29	0.614769400	64	7.752335100		
30	0.669495200	65	8.129587900		
31	0.725909800	66	8.527625400		
32	0.781793800	67	8.839244800		
33	0.837242000	68	9.264179300		
34	0.895818500	69	9.716386200		
35	0.955346200	70	10.197496900		

POLICY DATA (CONTINUED)

THRESHOLD INTEREST RATES AND THRESHOLD PREMIUM EXPENSE CHARGES

THRESHOLD CELL 1:

THRESHOLD INTEREST RATE: [3.00% FOR ALL YEARS] (18)

THRESHOLD PREMIUM EXPENSE CHARGES: [7.00% FOR ALL YEARS] (19)

THRESHOLD CELL 2:

THRESHOLD INTEREST RATE: [3.00% FOR ALL YEARS] (18)

THRESHOLD PREMIUM EXPENSE CHARGES: [7.00% FOR ALL YEARS] (19)

THRESHOLD CELL 3:

THRESHOLD INTEREST RATE: [3.00% FOR ALL YEARS] (18)

THRESHOLD PREMIUM EXPENSE CHARGES: [7.00% FOR ALL YEARS] (19)

DEFINITIONS

In this policy:

Accumulation Value is the fund from which all policy values are derived. All credits and deductions are reflected in the Accumulation Value.

Age means a person's age in years on his or her nearest birthday, unless otherwise specified. For purposes of this policy, the Insured's Age changes on each Policy Anniversary.

The **Base Policy** is this policy excluding any Riders.

A **Beneficiary** is a person designated to receive all or a portion of the death benefit on the death of the Insured. You may name both Primary and Contingent Beneficiaries. A Primary or Contingent Beneficiary named on the application may be changed as provided in this policy.

Cash Value means the Accumulation Value less any applicable surrender penalty.

The **Date of Issue** is the date this policy is prepared in our office. The Date of Issue is shown in the Policy Data. The Date of Issue may or may not be the same as the Policy Date.

The **Face Amount** is shown in the Policy Data and is used in determining the amount of this policy's death benefit. The actual amount we pay on the death of the Insured may be affected by tax law requirements or by transactions described in this policy.

In Force means insurance coverage is in effect and has not terminated.

The **Insured** is the person whose life is insured under this policy. The Insured is identified in the Policy Data.

Lapse means termination of the policy at the end of the grace period due to insufficient Net Cash Value. If there is remaining Net Cash Value at the end of the grace period, it will be applied to the Nonforfeiture Option. If this policy Lapses, the Insured's life will no longer be insured under this policy.

The **Maximum Loan Value** is the largest amount you may borrow under the Policy Loans provision.

A **Monthly Deduction** is a charge we subtract from the Accumulation Value of the policy on each Monthly Policy Date up to the Insured's Age 111.

A **Monthly Policy Date** is the day of each month coinciding with the Policy Date. If there is no day in a calendar month that coincides with the Policy Date, the Monthly Policy Date for that month will be the first day of the following month.

The **Net Cash Value** is the Cash Value less any Outstanding Loan.

A **Net Premium** is any premium you pay minus the Guaranteed Premium Expense Charges shown in the Policy Data. All Net Premium payments are added to the Accumulation Value.

A **Notice** is a communication we mail by regular first class mail in the United States Postal Service to the address in our records for you and any assignee whose name we have recorded in our records.

Outstanding Loan is the sum of any unpaid policy loans and loan interest. We will deduct any Outstanding Loan from any amounts payable by us under this policy.

A **Policy Anniversary** is the same month and day as the Policy Date for each year this policy remains In Force.

The **Policy Date** is the date coverage is effective under this policy. We will use the Policy Date to determine the Monthly Policy Dates, Policy Anniversaries, Policy Months and Policy Years. The Policy Date is shown in the Policy Data.

A **Policy Year** is the 12 month period directly preceding a Policy Anniversary.

Reinstate means to restore coverage after the policy has Lapsed, in accordance with the Reinstatement provision.

A **Rider** is an attachment to this policy that provides an additional benefit. Riders, if any, are listed in the Policy Data.

Written Request means a signed request in a form satisfactory to us that is received at our Administrative Office.

You and **your** mean the owner of this policy. The owner as of the Date of Issue is identified in the Policy Data. Ownership may be transferred as provided in this policy. Following a transfer of ownership, you and your will refer to the new owner.

OWNERSHIP

Owner of the Policy - The owner may exercise all rights under this policy during the Insured's lifetime, including the right to transfer ownership subject to applicable law and regulation. If the owner dies during the Insured's lifetime, ownership of this policy will pass to the contingent owner, if one has been named; otherwise, ownership will pass to the owner's estate. You may change the owner by filing a Written Request with us. We will not be bound by any change of ownership until we record it in our records. Unless otherwise specified by you, the change will then take effect as of the date the change is signed by you, subject to any payments made or actions taken by us prior to our recording of the change.

Assignment of the Policy - You may assign this policy by filing a Written Request with us. We will not be bound by any assignment until we record it in our records. Unless otherwise specified by you, the assignment will then take effect on the date the assignment is signed by you, subject to any payments made or actions taken by us prior to our recording of the assignment. We assume no responsibility for the validity or effect of any assignment of this policy or of any interest in it. Any death benefit which becomes payable to an assignee will be payable in a single sum and will be subject to proof of the assignee's interest and the extent of the assignment.

Policy Statements and Illustrations - We will send you a statement at least once a year without charge showing the following information about this policy:

- Face Amount;
- Accumulation Value;
- Cash Value;
- Any Outstanding Loan;
- Partial surrenders;
- Premiums paid; and
- Any amounts credited or debited to the Accumulation Value during the current report period.

The statement will also show the Monthly Deduction as of the statement date and the Net Cash Value.

If, assuming guaranteed interest and guaranteed policy charges, the policy's Net Cash Value will not maintain this policy In Force until the end of the next reporting period unless further premiums payments are made, a notice to this effect will be included with the report.

Upon Written Request at any time after the first Policy Year, we will send you an illustration of this policy's benefits and values. There will be no charge for the first such illustration in a Policy Year. We reserve the right to charge a reasonable fee for any illustration after the first in any Policy Year.

THE BENEFICIARY

Who Receives the Death Benefit - When the death benefit is payable under this policy, we will pay it to the Primary Beneficiary named by you in accordance with this policy. If no Primary Beneficiary has been designated, or if the interest of all designated Primary Beneficiaries has ended before we make payment of the death benefit, we will pay the death benefit to the Contingent Beneficiary, if one has been named. If the interest of all designated Primary and Contingent Beneficiaries has ended before we make payment of the death benefit, we will pay the death benefit to you. If you are not living at the time, we will pay the death benefit to the executor or administrator of your estate.

Unless you specify otherwise, the following will apply:

1. If any Beneficiary dies before the Insured, at the same time as the Insured, or within 30 days after the Insured, that Beneficiary's interest in the death benefit will end, except as to any death benefits we have already paid to that Beneficiary.
2. If a Beneficiary is a partnership, we will pay the death benefit to the partnership as it existed when the Insured died.

How to Change a Beneficiary - You may name or change a Primary or Contingent Beneficiary while the Insured is living by sending us a Written Request. The change will not be effective until we record it in our records. Even if the Insured is not living when we record the change, the change will take effect as of the date it was signed. However, any benefits we pay before we record the change will not be subject to the change.

A Beneficiary designated irrevocably may not be changed without the written consent of that Beneficiary.

PAYMENT OF THE DEATH BENEFIT

Proof of Death - We will pay any benefit payable because of death when we receive due proof that the Insured's death occurred while this policy was In Force. The proof must be sent to us at our Administrative Office. We will send appropriate forms to the Beneficiary upon request. Any of our agents will help a Beneficiary fill out the forms without charge.

Death Benefit - The death benefit will be the greatest of:

1. the Face Amount of the Base Policy;
- or
2. the applicable Death Benefit Factor multiplied by the policy's Accumulation Value on the date of the Insured's death;
- or
3. the amount required for the policy to qualify as a life insurance contract under Section 7702 of the Internal Revenue Code.

The Death Benefit Factors are shown in the Policy Data.

The amount of the death benefit may be affected by other policy provisions, such as Policy Loans, Misstatement of Age or Sex in the Application and Partial Surrenders.

We will reduce the death benefit by any Outstanding Loan and by any amount necessary to provide insurance to the date of the Insured's death occurring during the grace period. We will add to the death benefit any amount payable under any attached Rider, subject to its terms. We will also add to the death benefit the portion of any Monthly Deduction subtracted for the time between the date of the Insured's death and the next Monthly Policy Date. No refund will be made of any premiums paid prior to the Insured's death regardless of timing or amount of the premium(s).

Tax Qualification - This policy is intended to qualify under Section 7702 of the Internal Revenue Code as a life insurance contract for federal tax purposes. The death benefit under this policy is intended to qualify for the federal income tax exclusion. The provisions of this policy (including any Rider or endorsement) will be interpreted to ensure tax qualification, regardless of any language in this policy to the contrary.

To the extent that the death benefit is increased to maintain this policy's qualification as a life insurance contract, appropriate adjustments will be made in any Monthly Deductions and in any charges for any Riders or supplemental benefits as of that time, retroactively or otherwise, that are consistent with such an increase. Retroactive adjustments to the Monthly Deduction may be made by deducting them from any death benefits payable. Prospective adjustments will be reflected in the Monthly Deduction.

Interest from Date of Death - We will pay interest on the death benefit under this policy after we receive due proof of the Insured's death. We will pay interest on the death benefit from the date of death to the date of payment. The annual interest rate will be 8%.

We will pay additional interest at a rate of 10% annually, beginning with the date that is 31 calendar days from the latest of Items 1, 2 and 3 below to the date payment is made:

1. The date we receive due proof of the Insured's death.
2. The date we receive sufficient information to determine our liability, the extent of our liability, and the appropriate payee legally entitled to the death benefit.
3. The date that legal impediments to payment of the death benefit that depend on the action of parties other than us are resolved and sufficient evidence provided to us. Legal impediments include, but are not limited to:
 - a) The establishment of guardianships and conservatorships;
 - b) The appointment and qualification of trustees, executors and administrators; and
 - c) The submission of information required to satisfy state and federal reporting requirements.

PREMIUMS

Premiums for this policy are flexible. Subject to the requirements below, you may pay any amount at any time. If you do not pay sufficient premiums, this policy will Lapse.

The Minimum Initial Premium shown in the Policy Data is payable on or before the Policy Date. Subsequent premiums should be sent to our Administrative Office or as otherwise instructed by us. We will give you a receipt if you ask for one.

You may pay premiums at any time while the Insured is living and prior to the Insured's Age 111. Each premium must be at least \$25 and may not exceed the limits described in the Premium Limitation provision below.

Beginning with the Insured's Age 111, no further premium payments will be accepted.

Premium Limitation - We reserve the right to refund any premium payment in excess of the Planned Annualized Premiums shown in the Policy Data if the total premium paid during that Policy Year:

1. Increases the difference between the death benefit and the Accumulation Value; and
2. Is more than \$20 per thousand of Face Amount and more than three times the total of the Monthly Deductions for the last year.

We also reserve the right to refund any premiums in excess of the Planned Annualized Premiums shown in the Policy Data that exceed \$25,000 in any 12-month period.

We will not refund any amount if doing so would cause the Net Cash Value to become negative before the next Policy Anniversary.

Excess Premiums - As of the end of any Policy Year, if the premiums paid exceed the limit on premium allowed into the policy under Section 7702 of the Internal Revenue Code, and regulations thereunder, for this policy to qualify as a life insurance contract for federal income tax purposes, we will withdraw from the policy the excess amount of premiums paid into the policy, with interest, as of the end of that Policy Year. We will refund to you this excess premium amount (including any interest credited by us) within 60 days after the end of that Policy Year. The excess premium will not be refunded to the extent: (1) it is necessary to continue the policy through the end of that Policy Year; and (2) the Net Cash Value at the end of that policy year did not exceed zero.

An excess premium amount may occur as a result of a partial surrender or other change in the benefits or terms of the policy which may lower the limit on premium amount allowable into the policy for federal income tax purposes.

We will apply any excess premium amount to any Outstanding Loan before we make a refund.

The amount refundable will not exceed the Net Cash Value of the policy. If the entire Net Cash Value is refunded, we will treat the transaction as a surrender of this policy for its Net Cash Value.

Continuation of Insurance - If you stop paying premiums, we will continue this policy at the same Face Amount and with any additional benefits provided by Rider, subject to the Grace Period provision, so long as there is sufficient Net Cash Value.

Grace Period - On each Monthly Policy Date, we will determine whether the Net Cash Value is sufficient to prevent this policy from Lapsing.

1. Prior to the Insured's Age 111, the Net Cash Value is sufficient if it is more than the total Monthly Deduction due, plus any loan interest due not paid in cash.
2. Beginning at the Insured's Age 111, the Net Cash Value is sufficient if it is more than any loan interest due that has not been paid in cash.

If the Net Cash Value is insufficient, we will allow a 61-day grace period in which you may pay an amount sufficient to prevent this policy from Lapsing. We will mail a grace period Notice at least 30 days prior to termination of coverage. The grace period Notice will also show the minimum payment required to prevent the policy from Lapsing. You will have the entire grace period within which to remit payment. Any payments sent by U.S. mail must be postmarked within the grace period. If the Insured dies during the grace period before you have paid the required amount, we will deduct the amount required to provide insurance to the date of the Insured's death from the death benefit payable under this policy.

The policy will remain In Force during the grace period. If the minimum amount due is not postmarked within the grace period, this policy will Lapse at the end of the 61 days and all coverage under the policy and any riders will terminate. If there is any Net Cash Value remaining at the end of the grace period, we will apply it to the Nonforfeiture Option.

During the grace period, we will not charge interest on the amount due.

Reinstatement - If this policy Lapses, you may Reinstatement it as provided in this section. You may not Reinstatement this policy if you have surrendered it for its Net Cash Value. Any Reinstatement must be made during the lifetime of the Insured and within three years from the date of Lapse. Before we Reinstatement this policy, we will require all of the following:

1. Your Written Request to Reinstatement this policy.
2. The Insured's written consent to the Reinstatement.
3. Evidence of insurability sufficient to satisfy us that the Insured continues to qualify for the same class of risk and rating upon which we based the issuance of this policy.
4. Payment or reinstatement of any Outstanding Loan, with interest. Interest will be compounded annually from the date of Lapse. Interest will be at the loan interest rate of 8.00% (7.40% in advance).
5. Payment of a premium large enough to cover two Monthly Deductions due when the policy Lapsed and three Monthly Deductions due at the time of Reinstatement.
6. Repayment of any Net Cash Value we paid to you at the time of Lapse, with interest. Interest will be compounded annually at the Reinstatement Interest Rate shown in the Policy Data.

If the policy is Reinstated during the Surrender Penalty Period, any applicable surrender penalties in effect for the Reinstated policy will be calculated from the original Policy Date.

The date of Reinstatement will be the Monthly Policy Date on or following the date the application for Reinstatement is approved by us, so long as the Insured is still living. If a person other than the Insured is covered by any attached Rider, that person's coverage may be reinstated under the reinstatement terms of that Rider.

The Accumulation Value of the Reinstated policy will be: the surrender penalty assessed at the time of Lapse; plus any Net Cash Value you were required to repay at the time of the Reinstatement; plus any loan repaid or reinstated; plus the Net Premium you pay at Reinstatement; minus any Monthly Deductions due at the time of Lapse.

POLICY VALUES

Accumulation Values - The Accumulation Value of the policy on the Policy Date is equal to all Net Premiums applied to the policy on the Policy Date. Net Premiums received on or before the Policy Date will only begin to earn interest as of the Policy Date. The Accumulation Value of the policy on any specified date after the Policy Date is equal to:

1. the Accumulation Value on the last Monthly Policy Date, plus accrued interest from the last Monthly Policy Date to the specified date;
- plus
2. all Net Premiums paid less any refunds since the last Monthly Policy Date, plus accrued interest on each transaction from its effective date;
- minus
3. the Monthly Deduction charged on the last Monthly Policy Date, plus accrued interest on that amount;
- minus
4. any partial surrenders, together with surrender penalties, since the last Monthly Policy Date, plus accrued interest on those amounts from each partial surrender date to the specified date.

A Table of Illustrative Policy Values and Benefits is included in this policy. It is based on the information you gave us when the policy was issued. The values shown may change as the declared interest rates, your premium payments, and other factors change from the illustrated data. Every year, we will send you a statement of actual policy values.

Interest - We will credit interest to the Accumulation Value at rates declared by us from time to time. We will never declare an interest rate that is lower than the Guaranteed Minimum Interest Rate shown in the Policy Data. We may declare a higher interest rate at any time, and we may change the declared rate at any time without notice.

Beginning at the Insured's Age 121, the Accumulation Value will accrue interest at the Guaranteed Minimum Interest Rate.

The interest rate for any portion of the Accumulation Value equal to the amount of any Outstanding Loan will be the effective annual loan interest rate less 2.50%.

Monthly Deduction - On each Monthly Policy Date, we will subtract the Monthly Deduction for that month from the Accumulation Value. The Monthly Deduction is equal to:

1. the Monthly Deduction Rate, times .001, times the difference between the death benefit of the Base Policy and the Accumulation Value at the beginning of the Policy Month;
- plus 2. the Monthly Deductions for any Riders;
- plus 3. the Monthly Policy Fee;
- plus 4. the Monthly Expense Charge Per Thousand rate times .001, times the Face Amount of the Base Policy.

Monthly Deduction Rates - We will determine the Monthly Deduction Rate for each Policy Year at the beginning of that Policy Year. The Monthly Deduction Rate for the Base Policy will depend on: the Face Amount of the policy; the Insured's sex; the Insured's smoker or nonsmoker status; the Insured's class of risk; the number of years that the policy has been In Force; and the Insured's Age on the Policy Date.

A table of Guaranteed Maximum Monthly Deduction Rates for the Base Policy is shown in the Policy Data. We may use rates lower than these Guaranteed Maximum Monthly Deduction Rates. We will never use higher rates.

Any change in the Monthly Deduction Rates will be prospective and will be subject to our expectations as to future cost factors. Such cost factors may include, but are not limited to: mortality; expenses; interest; persistency; and any applicable federal, state and local taxes.

Monthly Policy Fee - The Guaranteed Maximum Monthly Policy Fee is shown in the Policy Data. We may charge a lower policy fee than the fee shown in the Policy Data, but we will never charge in excess of the Guaranteed Maximum Monthly Policy Fee.

Monthly Expense Charge Per Thousand - The Guaranteed Maximum Monthly Expense Charge Per Thousand rates for the Base Policy are shown in the Policy Data. We may use an expense charge rate that is lower than the Guaranteed Maximum Monthly Expense Charge Per Thousand rate. We will never use higher expense charge rates.

POLICY LOANS

At any time after the period stated on page 1 during which you may cancel this policy, you may obtain a policy loan by Written Request. The loan will be secured by that portion of the Accumulation Value equal to the amount of the loan plus loan interest to the end of the Policy Year. Any Outstanding Loan will be deducted from any amounts payable by us under this policy. The minimum policy loan amount is \$500.00.

Maximum Policy Loan - The maximum amount you may borrow is the Accumulation Value as of the date of the loan request, minus:

1. any Outstanding Loan;
2. interest on the amount of the new loan to the end of the Policy Year; and
3. the amount of the surrender penalty that would apply on a surrender of the policy for its Net Cash Value or two Monthly Deductions, whichever is greater.

Interest on Policy Loans - Interest is due on the Outstanding Loan each year, in advance, on the Policy Anniversary. The loan interest rate is 8.00% (7.40% in advance). If you do not pay the interest when it is due, the interest on the Outstanding Loan will be treated as an additional loan at the same interest rate.

Loan Repayment - You may repay any part of any Outstanding Loan at any time while this policy is In Force.

If you wish to make a loan repayment, you must tell us that the payment you send us is for that purpose. Unless your payment is clearly marked as a loan repayment, we will assume it is a premium payment unless it is received after the Insured's Age 111.

Loan repayments will first be applied to the loans with the most recent loan date.

This policy will not automatically Lapse if you do not repay a loan. However, the Net Cash Value must be large enough to cover the Monthly Deduction due and any loan interest due not paid in cash, as set forth in the Grace Period provision.

PARTIAL SURRENDERS

At any time after the period stated on page 1 during which you may cancel this policy, you may withdraw a portion of this policy's Net Cash Value by sending us a Written Request. When we process your request, we will deduct the withdrawal amount and any surrender penalty from the Accumulation Value. We will also reduce the Face Amount as described below. The minimum amount you may withdraw by partial surrender is \$500.00.

Maximum Partial Surrender - In any Policy Year, the maximum amount that you may receive by partial surrender is:

1. the Accumulation Value;
- minus 2. any Outstanding Loan;
- minus 3. the sum of 3 Monthly Deductions;
- minus 4. the greater of \$25 or the surrender penalty that would apply on a surrender of the policy for its Net Cash Value.

If you request a withdrawal larger than the maximum described above, we will treat it as a request for a surrender of the policy for its Net Cash Value.

Surrender Penalty - During the Surrender Penalty Period, a surrender penalty will be assessed on any partial surrender you request. The minimum surrender penalty is \$25. After the Surrender Penalty Period has expired, we will assess a \$25 surrender penalty on any partial surrender. The Surrender Penalty Period and the corresponding Surrender Penalty Factors are shown in the Policy Data.

The surrender penalty will be equal to A times B, divided by C, below, but not more than the surrender penalty that would apply on a surrender of the policy for its Net Cash Value, where:

- A is the amount of the withdrawal;
- B is the Surrender Penalty Factor for the Policy Year in which the partial surrender occurs; and
- C is 1000 minus the Surrender Penalty Factor for the Policy Year in which the partial surrender occurs.

If the result of this calculation is less than \$25, the minimum surrender penalty of \$25 will be assessed.

Face Amount Reduction - We will reduce the Face Amount of the policy by the amount of the withdrawal and the surrender penalty. If the new Face Amount would be less than \$25,000, the partial surrender will not be allowed.

OPTION TO CHANGE THE FACE AMOUNT

Increasing the Face Amount - You may not increase the Face Amount of this policy.

Decreasing the Face Amount - While this policy is In Force, you may request a decrease in the Face Amount by sending us a Written Request. The amount of the reduction in Face Amount must be at least \$25,000 and the new Face Amount may not be less than \$25,000.

We will deduct a surrender penalty from the Accumulation Value if the decrease is made during the Surrender Penalty Period. The surrender penalty is equal to A times B, divided by C, where:

- A is the surrender penalty that would apply in the event of a surrender of the policy for its Net Cash Value;
- B is the amount of the decrease in the Face Amount; and
- C is the Face Amount of the Base Policy before the decrease.

We will issue new Policy Data pages showing the new Face Amount. After the decrease, the Monthly Deduction Rates, Monthly Expense Charge Per Thousand rates, Policy Fees and any future surrender penalties will be based on the new Face Amount of this policy. These rates may be higher than the rates at which this policy was originally issued.

NONFORFEITURE OPTION

You may surrender this policy for its Net Cash Value. We will charge a surrender penalty if the policy is surrendered during the Surrender Penalty Period shown in the Policy Data.

The surrender penalty will be equal to A times B, divided by C, where:

- A is the Surrender Penalty Factor shown in the Policy Data for the Policy Year in which the surrender occurs;
- B is the Face Amount; and
- C is 1000.

If you request a surrender under this provision within 30 days after a Policy Anniversary, the surrender value will not be less than the surrender value on that anniversary, less any loans and partial surrenders (including surrender penalties) made after the Policy Anniversary.

ALTERNATIVE PAID-UP LIFE INSURANCE OPTION

You may purchase alternative paid-up life insurance instead of exercising the Nonforfeiture Option. You may exercise this option on or after the fifth Policy Anniversary, but before the Insured's Age 121.

This option is no longer available after the first of these events occurs: (1) the Insured dies; (2) you surrender this policy for its Net Cash Value; (3) you exercise this option; or (4) this policy is terminated.

In order to exercise this option, you must send us a Written Request and the policy. We must receive the request within 60 days of the date you signed it and while this option is in effect. If you exercise this option, this policy and all attached Riders will terminate and in exchange you will receive an alternative paid-up life insurance policy. We will add the net cash value, if any, of the Riders attached to this policy to this policy's Net Cash Value. We will use the total amount to determine the amount of alternative paid-up life insurance you may purchase.

The face amount of the new policy will be the amount that this policy's Net Cash Value, together with the net cash value of any Riders, will purchase at the current net single premium rate in effect when you elect this option.

The net single premium rates are determined by us and will vary by: the Insured's age when you exercise the option, as defined in the new policy; the Insured's sex; the Insured's smoker or nonsmoker status on this policy; and the Insured's class of risk on this policy as recorded at the time you exercise this option.

Evidence of Insurability - When you request this option, we may require evidence of insurability. To determine whether evidence of insurability is required, we will perform a calculation based on the following:

- A is the amount of alternative paid-up life insurance.
- B is the Net Cash Value used to purchase the alternative paid-up life Insurance.
- C is the death benefit payable under this Base Policy on the date you choose this option.
- D is the Accumulation Value of this Base Policy on the date you choose this option.

If (A minus B) is greater than (C minus D), then the Insured must provide evidence of insurability satisfactory to us. In all other situations, evidence of insurability is not required.

If the Insured does not provide evidence satisfactory to us that the Insured is still insurable at the same class of risk as applies to this policy, we will reduce the amount of alternative paid-up life insurance accordingly. If there is any Net Cash Value left after you purchase alternative paid-up life insurance, we will refund it to you.

Alternative Paid-Up Life Insurance Policy - We will issue and date the alternative paid-up life insurance policy as of the date you exercise this option. If your request occurs within 30 days after a Policy Anniversary, the surrender value of the alternative paid-up life insurance will not be less than the Base Policy's surrender value plus the surrender value of any Riders on that anniversary, less any loans and partial surrenders (including surrender penalties), made after the last Policy Anniversary.

We will include in each alternative paid-up life insurance policy a table of cash values for that policy and a description of the basis we use to calculate those values. The cash values will not be less than the minimum values required by the jurisdiction in which the application for the new policy is signed. There may be a new policy loan interest rate provision in the alternative paid-up life insurance policy. The new rate may be a variable one.

PAYMENT OF CASH VALUE AND LOANS

We may delay paying you the partial or full surrender values of this policy for up to 6 months after we receive your Written Request for the surrender. We may delay making a loan to you for up to 6 months after we receive your Written Request for the loan. We will not delay any loan made to pay premiums due us on any policy.

BASIS OF COMPUTATION

The Cash Values of this policy are not less than the minimum values and benefits required by the jurisdiction in which the application for this policy was signed.

Calculation of minimum Cash Values and nonforfeiture benefits are based on the 2001 Commissioners Standard Ordinary Smoker or Nonsmoker Ultimate Mortality Tables for males or females, age nearest birthday. Deaths are assumed to occur at the end of the Policy Year.

As required, we have filed the method we used to compute minimum Cash Values and nonforfeiture benefits with the supervisory official of the jurisdiction in which the application for this policy was signed.

GENERAL PROVISIONS

The Policy is Our Contract with You - This policy is issued in consideration of the application and the payment of premiums as provided in this policy.

This policy, any amendment(s) or endorsement(s), and a copy of the application(s) and any questionnaires for issuance or Reinstatement of the policy attached to it contain the entire contract between you and us. Any statements made in such application(s), questionnaires or any amendments either by you or by the Insured will, in the absence of fraud, be considered representations and not warranties. Also, any written statement made either by you or by the Insured will not be used to void this policy nor defend against a claim under this policy unless the statement is contained in the application(s), questionnaires or any amendments thereto.

Any Rider attached to this policy will become a part of this policy and will be subject to all of the terms and conditions of this policy unless we state otherwise in the Rider.

Incontestability - We cannot contest this policy, except for fraud (when such a defense is permitted by the applicable law in the state where the policy will be delivered or issued for delivery) or non-payment of premium, after it has been In Force during the lifetime of the Insured for two years after the later of:

1. The Date of Issue; and
2. The effective date of Reinstatement of this policy.

If this policy is Reinstated, the original contestability period will continue to apply. In addition, a new two year contestability period will apply from the date of Reinstatement with respect to statements made in the application for Reinstatement.

The Insured, the owner and the Beneficiary are obligated to cooperate in any contestability investigation that we may conduct, including supplying us with necessary authorizations for medical and other information.

Amount Payable is Limited in the Event of Suicide - If the Insured, whether sane or insane, dies by suicide within two years from the Date of Issue, our liability will be limited to the amount of premiums paid for this policy, less any partial surrenders and Outstanding Loan.

If this policy is Reinstated, this section will be reinstated. A new two year period shall apply beginning on the date of Reinstatement. If the Insured, whether sane or insane, dies by suicide within two years from the Reinstatement date, our liability will be limited to an amount equal to the premiums paid from the date of Reinstatement, less any partial surrenders and Outstanding Loan.

Misstatement of Age or Sex in the Application - If there is a misstatement of the Insured's date of birth or sex in the application, we will adjust the excess of the death benefit over the Accumulation Value to that which would be purchased by the most recent Monthly Deduction at the correct Age or sex. There will be no adjustment beyond the Insured's Age 121.

Who Can Make Changes in the Policy - No change or waiver of any of the provisions of this policy will be valid unless made in writing by us and signed by an officer of the Company. Any change or waiver must be signed by our President or a Vice President together with our Secretary. No agent or other person has the authority to change or waive any provision of this policy.

Termination of Insurance - This policy will terminate at the earliest of:

1. The date this policy Lapses; or
2. The date of the owner's Written Request to surrender or terminate; or
3. The date of the Insured's death; or
4. The date of the owner's Written Request to purchase alternative paid-up life insurance.

Our acceptance of a premium for any period after the date of termination of this policy shall create no liability by us with respect to this policy, nor will it constitute a waiver of the termination. Any premium paid for this policy following its termination will be refunded.

No Dividends are Payable - This is nonparticipating insurance. It does not participate in our profits or surplus. We do not distribute past surplus or recover past losses by changing the Monthly Deduction Rates.

Your Rights - During the Insured's lifetime and unless otherwise provided in this policy, you have the exclusive right to assign this policy and to exercise every right, privilege and option this policy grants or that we allow. Some of your rights are:

1. To change the owner or Beneficiary.
2. To change the frequency of premium payments.
3. To Reinstatement the policy after Lapse in accordance with the Reinstatement provision.

To exercise any of these rights, or to apply for the death benefits or any benefits under this policy, communicate with our nearest representative or directly with our Administrative Office. Please notify us promptly of any change of address.

SETTLEMENT PROVISIONS

Lump Sum Payment - When the death benefit is payable, we will pay it in a lump sum, unless a settlement option is elected. We may discharge our obligation to make payment in a lump sum by providing drafts by which the Beneficiary may draw at any time all or any portion of the remaining benefit. If we do so, we will pay interest from time to time on any amount remaining unpaid. Such interest will be at a rate declared by us from time to time, and may differ from the rate we pay under the settlement options below. There is no minimum interest rate.

Settlement Options - During the Insured's lifetime, you may request that we pay the death benefit under one of the following settlement options. We will also use any other method of payment that is agreeable to you and us. After the Insured's death, a Beneficiary may elect to receive such Beneficiary's share of the death benefit under a settlement option. However, you may provide that the Beneficiary will not be permitted to change the settlement option you have selected. If a settlement option is requested, we will prepare an agreement to be signed which will state the terms and conditions under which the payments will be made. This agreement will include a statement regarding the withdrawal value, if any, and to whom any remaining proceeds will be paid following the death of the person receiving the payments.

Installments for a Guaranteed Period - We will pay equal installments for a guaranteed period. Each installment will consist of part benefit and part interest. We will pay the installments monthly, quarterly, semi-annually or annually, as requested.

Annuity - We will use the benefit as a single premium to buy an annuity. The annuity may be payable to one or two payees. It may be payable for a guaranteed period, or for life with or without a guaranteed period as long as we agree to it. The annuity payment will not be less than what our newly issued immediate annuity contracts with the same features are then paying.

Benefit Deposited with Interest - We will hold the benefit on deposit with us and it will earn interest. Such interest will be at a rate declared by us from time to time, but not less than an annual interest rate of 1%, and may differ from the rate we pay under other options or as a Lump Sum Payment. We will pay the earned interest monthly, quarterly, semi-annually or annually, as requested. The payee may withdraw part or all of the benefit and earned interest at any time, but unlike for Lump Sum Payment, no drafts will be provided.

Installments of a Selected Amount - We will pay installments of a selected amount until we have paid the entire benefit and accumulated interest. The amount of the final payment may vary as it will consist of the remaining balance.

Installment Interest Rate - Any unpaid balance we hold under Installments for a Guaranteed Period or Installments of a Selected Amount will earn interest at the rate we are paying at the time of settlement. We will not pay less than 1% annual interest.

Conditions - Settlements of less than \$10,000 will be paid in a lump sum and may not be applied under any settlement option. We may change the payment frequency if payments under an option become less than \$100.

A corporation may receive payments under a life income option only if the payments are based on the life of the surviving spouse or dependent of the Insured.

Payments Exempt from the Claims of Creditors - To the extent permitted by law:

1. No payment of death benefit or interest we make will be subject to the claims of any creditor; and
2. If you provide that the option selected cannot be changed after the Insured's death, the payments will not be subject to the debts or contracts of the person receiving the payments.

Transamerica Life Insurance Company
Home Office: [Cedar Rapids, IA 52499]
Administrative Office: [4333 Edgewood Road NE]
[Cedar Rapids, IA 52499]

POLICY FORM TTM10
Individual Life Insurance

Flexible Premium Adjustable Life Insurance
Flexible Premiums Payable During Life of the Insured Prior to Age 111
Subject to the Limitations Described in the Premiums Provision

Death Benefit Payable at Death of Insured
Nonparticipating - No Dividends